

File by Mail Instructions for your Federal Amended Tax Return

Important: Your taxes are not finished until all required steps are completed.



juliette yeye bile & yeye bile
6906 Jarrett Ave
Oxon Hill, MD 20745

Balance Due/Refund	Your federal amended tax return shows you owe a balance due of \$327.00. You are paying by check.		
What You Need to Mail	Your amended tax return - Form 1040X. Remember to sign and date the return. Your payment - Mail a check or money order for \$327.00, payable to "United States Treasury". Write your Social Security number and "Form 1040X" on the check. Mail the return and check together. Be sure to attach all forms or schedules that changed to your amended return. Mail your return, attachments and payment to: Department of the Treasury Internal Revenue Service Kansas City, MO 64999 Note: Your state return may be due on a different date. Please review your state filing instructions. Don't forget correct postage on the envelope.		
What You Need to Keep	Keep these instructions and a copy of your return for your records. If you did not print one before closing TurboTax, go back to the program and select File tab, then select the Print for Your Records category.		
Federal Tax Return Summary	Adjusted Gross Income Correct Amount	\$	47,645.00
	Taxable Income Correct Amount	\$	6,695.00
	Total Tax Correct Amount	\$	668.00
	Total Payments/Credits Correct Amount	\$	7,366.00
	Payment Due	\$	327.00

Federal Amended Tax Return Summary

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	Total Payments/Credits Correct Amount	\$	7,366.00
	Payment Due	\$	327.00
Forms Included	Form 1040X		



Hi juliette and yeye,

We just want to thank you for using TurboTax this year! It's our goal to make your taxes easy and accurate, year after year.

With TurboTax Federal Free Edition:

- Your filed return has 100% guaranteed accurate calculations*
- You received a printed copy of your return with supporting documents for your records

Many happy returns from TurboTax.

Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

(Rev. January 2017)

► **Information about Form 1040X and its separate instructions is at www.irs.gov/form1040x.****This return is for calendar year** ☒ 2016 ☐ 2015 ☐ 2014 ☐ 2013**Other year.** Enter one: calendar year or fiscal year (month and year ended):

Your first name and initial juliette	Last name yeye bile	Your social security number 005-67-4541
If a joint return, spouse's first name and initial yeye	Last name bile	Spouse's social security number 220-77-0205
Current home address (number and street). If you have a P.O. box, see instructions. 6906 Jarrett Ave		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Oxon Hill MD 20745		Your phone number (202) 480-1499
Foreign country name 	Foreign province/state/county 	Foreign postal code

Amended return filing status. You **must** check one box even if you are not changing your filing status. **Caution:** In general, you can't change your filing status from joint to separate returns after the due date.

- ☐ Single
☒ Married filing jointly
☐ Married filing separately
☐ Head of household (If the qualifying person is a child but not your dependent, see instructions.)
☐ Qualifying widow(er)

Full-year coverage.

If all members of your household have full-year minimal essential health care coverage, check "Yes." Otherwise, check "No."
(See instructions.)

☐ Yes ☒ No

Use Part III on the back to explain any changes

Income and Deductions

		A. Original amount or as previously adjusted (see instructions)	B. Net change— amount of increase or (decrease)— explain in Part III	C. Correct amount
1 Adjusted gross income. If net operating loss (NOL) carryback is included, check here ► <input type="checkbox"/>	1	46,089.	1,556.	47,645.
2 Itemized deductions or standard deduction	2	12,600.	0.	12,600.
3 Subtract line 2 from line 1	3	33,489.	1,556.	35,045.
4 Exemptions. If changing, complete Part I on page 2 and enter the amount from line 29	4	28,350.	0.	28,350.
5 Taxable income. Subtract line 4 from line 3	5	5,139.	1,556.	6,695.

Tax Liability

6 Tax. Enter method(s) used to figure tax (see instructions): <u>Table</u>	6	513.	155.	668.
7 Credits. If general business credit carryback is included, check here. ► <input type="checkbox"/>	7	513.	155.	668.
8 Subtract line 7 from line 6. If the result is zero or less, enter -0-	8	0.	0.	0.
9 Health care: individual responsibility (see instructions)	9	0.	0.	0.
10 Other taxes	10	0.	0.	0.
11 Total tax. Add lines 8, 9, and 10	11	0.	0.	0.

Payments

12 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld (If changing , see instructions.)	12	128.	0.	128.
13 Estimated tax payments, including amount applied from prior year's return	13	0.	0.	0.
14 Earned income credit (EIC)	14	1,565.	-327.	1,238.
15 Refundable credits from: <input checked="" type="checkbox"/> Schedule 8812 Form(s) <input type="checkbox"/> 2439 <input type="checkbox"/> 4136 <input checked="" type="checkbox"/> 8863 <input type="checkbox"/> 8885 <input type="checkbox"/> 8962 or <input type="checkbox"/> other (specify): _____	15	6,000.	0.	6,000.
16 Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed	16			0.
17 Total payments. Add lines 12 through 15, column C, and line 16	17			7,366.

Refund or Amount You Owe

18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS.	18	7,693.
19 Subtract line 18 from line 17 (If less than zero, see instructions.)	19	-327.
20 Amount you owe. If line 11, column C, is more than line 19, enter the difference	20	327.
21 If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return	21	
22 Amount of line 21 you want refunded to you	22	0.
23 Amount of line 21 you want applied to your (enter year): <u>estimated tax</u> . 23		

Complete and sign this form on Page 2.

Part I Exemptions

Complete this part **only** if you are increasing or decreasing the number of exemptions (personal and dependents) claimed on line 6d of the return you are amending.

See Form 1040 or Form 1040A instructions and Form 1040X instructions.

		A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
24	Yourself and spouse. Caution: If someone can claim you as a dependent, you can't claim an exemption for yourself	24 2	0	2
25	Your dependent children who lived with you	25 5	0	5
26	Your dependent children who didn't live with you due to divorce or separation	26 0	0	0
27	Other dependents	27 0	0	0
28	Total number of exemptions. Add lines 24 through 27	28 7	0	7
29	Multiply the number of exemptions claimed on line 28 by the exemption amount shown in the instructions for line 29 for the year you are amending. Enter the result here and on line 4 on page 1 of this form.	29 28,350.	0.	28,350.
30	List ALL dependents (children and others) claimed on this amended return. If more than 4 dependents, see instructions.			

(a) First name	Last name	(b) Dependent's social security number	(c) Dependent's relationship to you	(d) Check box if qualifying child for child tax credit (see instructions)
jora R	yeye bile	402-85-5776	Son	<input checked="" type="checkbox"/>
laedan L	yeye bile	515-79-3759	Son	<input checked="" type="checkbox"/>
fidelia L	yeye bile	372-75-0315	Daughter	<input checked="" type="checkbox"/>
See Dependent Information				<input type="checkbox"/>

Part II Presidential Election Campaign Fund

Checking below won't increase your tax or reduce your refund.

- ☐ Check here if you didn't previously want \$3 to go to the fund, but now do.
- ☐ Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

Part III Explanation of changes. In the space provided below, tell us why you are filing Form 1040X.

► Attach any supporting documents and new or changed forms and schedules.

The company send my w2 late.

Remember to keep a copy of this form for your records.

Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.

Sign Here

► Your signature _____ Date _____ ► Spouse's signature. If a joint return, **both** must sign. _____ Date _____

Paid Preparer Use Only

► Preparer's signature _____ Date _____ Self-prepared
Firm's name (or yours if self-employed) _____

Print/type preparer's name _____ Firm's address and ZIP code _____

PTIN _____ ☐ Check if self-employed _____ Phone number _____ EIN _____

Your first name and initial		Last name		OMB No. 1545-0074	
juliette		yeye bile		Your social security number	
If a joint return, spouse's first name and initial		Last name		005 67 4541	
yeye		bile		Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions.		Apt. no.		220 77 0205	
6906 Jarrett Ave				▲ Make sure the SSN(s) above and on line 6c are correct.	
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).				Presidential Election Campaign	
Oxon Hill MD 20745				Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.	
Foreign country name		Foreign province/state/county		<input type="checkbox"/> You <input type="checkbox"/> Spouse	

Filing status

Check only one box.

1

☐ Single

2

☒ Married filing jointly (even if only one had income)

3

☐ Married filing separately. Enter spouse's SSN above and full name here. ▶

4

☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5

☐ Qualifying widow(er) with dependent child (see instructions)

Exemptions

6a

☒ Yourself. If someone can claim you as a dependent, **do not** check box 6a.

b

☒ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
jora R	yeye bile	402-85-5776	Son	<input checked="" type="checkbox"/>
laedan L	yeye bile	515-79-3759	Son	<input checked="" type="checkbox"/>
fidelia L	yeye bile	372-75-0315	Daughter	<input checked="" type="checkbox"/>
blessing B	yeye bile	270-85-5444	Daughter	<input checked="" type="checkbox"/>
peyton R	yeye bile	784-97-5327	Son	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

Boxes checked on 6a and 6b

2

No. of children on 6c who:

• lived with you

5

• did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above ▶

7

d Total number of exemptions claimed.

Income

7

Wages, salaries, tips, etc. Attach Form(s) W-2.

7

47,645.

Attach Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld.

8a

Taxable interest. Attach Schedule B if required.

8a

b

Tax-exempt interest. **Do not** include on line 8a.

8b

9a

Ordinary dividends. Attach Schedule B if required.

9a

b

Qualified dividends (see instructions).

9b

10

Capital gain distributions (see instructions).

10

11a

IRA distributions.

11a

11b

Taxable amount (see instructions).

11b

12a

Pensions and annuities.

12a

12b

Taxable amount (see instructions).

12b

13

Unemployment compensation and Alaska Permanent Fund dividends.

13

14a

Social security benefits.

14a

14b

Taxable amount (see instructions).

14b

15

Add lines 7 through 14b (far right column). This is your **total income**. ▶

15

47,645.

Adjusted gross income

16

Educator expenses (see instructions).

16

17

IRA deduction (see instructions).

17

18

Student loan interest deduction (see instructions).

18

19

Tuition and fees. Attach Form 8917.

19

20

Add lines 16 through 19. These are your **total adjustments**.

20

21

Subtract line 20 from line 15. This is your **adjusted gross income**. ▶

21

47,645.

Tax, credits, and payments **22** Enter the amount from line 21 (adjusted gross income). **22** 47,645.

23a Check ☐ **You** were born before January 2, 1952, ☐ **Blind** } **Total boxes**
if: ☐ **Spouse** was born before January 2, 1952, ☐ **Blind** } **checked** ▶ **23a** ☐

b If you are married filing separately and your spouse itemizes deductions, check here ▶ **23b** ☐

Standard Deduction for—

• People who check any box on line 23a or 23b or who can be claimed as a dependent, see instructions.

• All others:
Single or Married filing separately, \$6,300

Married filing jointly or Qualifying widow(er), \$12,600

Head of household, \$9,300

24 Enter your **standard deduction**. **24** 12,600.

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-. **25** 35,045.

26 Exemptions. Multiply \$4,050 by the number on line 6d. **26** 28,350.

27 Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. ▶ **27** 6,695.

28 Tax, including any alternative minimum tax (see instructions). **28** 668.

29 Excess advance premium tax credit repayment. Attach Form 8962. **29**

30 Add lines 28 and 29. **30** 668.

31 Credit for child and dependent care expenses. Attach Form 2441. **31**

32 Credit for the elderly or the disabled. Attach Schedule R. **32**

33 Education credits from Form 8863, line 19. **33** 668.

34 Retirement savings contributions credit. Attach Form 8880. **34**

35 Child tax credit. Attach Schedule 8812, if required. **35** 0.

36 Add lines 31 through 35. These are your **total credits**. **36** 668.

37 Subtract line 36 from line 30. If line 36 is more than line 30, enter -0-. **37** 0.

38 Health care: individual responsibility (see instructions). Full-year coverage ☐ **38** 0.

39 Add line 37 and line 38. This is your **total tax**. **39** 0.

40 Federal income tax withheld from Forms W-2 and 1099. **40** 128.

41 2016 estimated tax payments and amount applied from 2015 return. **41**

42a Earned income credit (EIC). **42a** 1,238.

b Nontaxable combat pay election. **42b**

43 Additional child tax credit. Attach Schedule 8812. **43** 5,000.

44 American opportunity credit from Form 8863, line 8. **44** 1,000.

45 Net premium tax credit. Attach Form 8962. **45**

46 Add lines 40, 41, 42a, 43, 44, and 45. These are your **total payments**. ▶ **46** 7,366.

Refund **47** If line 46 is more than line 39, subtract line 39 from line 46. This is the amount you **overpaid**. **47** 7,366.

48a Amount of line 47 you want **refunded to you**. If Form 8888 is attached, check here ▶ ☐ **48a** 7,366.

▶ **b** Routing number 0 5 4 0 0 0 0 3 0 ▶ **c** Type: ☒ Checking ☐ Savings

▶ **d** Account number 5 3 4 7 9 4 1 3 5 5

49 Amount of line 47 you want **applied to your 2017 estimated tax**. **49**

Amount you owe **50** **Amount you owe.** Subtract line 46 from line 39. For details on how to pay, see instructions. ▶ **50**

51 Estimated tax penalty (see instructions). **51**

Third party designee Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ **Yes**. Complete the following. ☒ **No**

Designee's name ▶

Phone no. ▶

Personal identification number (PIN) ▶

Sign here

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature

Date

Your occupation

Daytime phone number

Spouse's signature. If a joint return, **both** must sign.

Date

Spouse's occupation

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Preparer use only Print/type preparer's name Preparer's signature Date Check ☐ if self-employed PTIN

Firm's name ▶ Self-Prepared

Firm's address ▶

Firm's EIN ▶

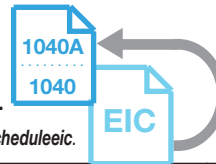
Phone no.

SCHEDULE EIC
(Form 1040A or 1040)Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Earned Income Credit
Qualifying Child Information

- ▶ **Complete and attach to Form 1040A or 1040 only if you have a qualifying child.**
- ▶ **Information about Schedule EIC (Form 1040A or 1040) and its instructions is at www.irs.gov/scheduleeic.**



OMB No. 1545-0074

2016Attachment
Sequence No. **43****Your social security number**

juliette yeye bile & yeye bile

005-67-4541

Before you begin:

- See the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, to make sure that **(a)** you can take the EIC, and **(b)** you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.



- *You can't claim the EIC for a child who didn't live with you for more than half of the year.*
- *If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.*
- *It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.*

Qualifying Child Information**Child 1****Child 2****Child 3**

1 Child's name If you have more than three qualifying children, you have to list only three to get the maximum credit.	First name Last name jora R yeye bile	First name Last name laedan L yeye bile	First name Last name fidelia L yeye bile
2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, unless the child was born and died in 2016. If your child was born and died in 2016 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.	 402-85-5776	 515-79-3759	 372-75-0315
3 Child's year of birth	Year <u>2</u> <u>0</u> <u>0</u> <u>1</u> <i>If born after 1997 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	Year <u>2</u> <u>0</u> <u>0</u> <u>2</u> <i>If born after 1997 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	Year <u>2</u> <u>0</u> <u>0</u> <u>6</u> <i>If born after 1997 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>
4 a Was the child under age 24 at the end of 2016, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i> <i>Go to line 4b.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i> <i>Go to line 4b.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i> <i>Go to line 4b.</i>
b Was the child permanently and totally disabled during any part of 2016?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i> The child is not a qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i> The child is not a qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i> The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	Son	Son	Daughter
6 Number of months child lived with you in the United States during 2016 • If the child lived with you for more than half of 2016 but less than 7 months, enter "7." • If the child was born or died in 2016 and your home was the child's home for more than half the time he or she was alive during 2016, enter "12."	 <u>12</u> months <i>Do not enter more than 12 months.</i>	 <u>12</u> months <i>Do not enter more than 12 months.</i>	 <u>12</u> months <i>Do not enter more than 12 months.</i>

SCHEDULE 8812
(Form 1040A or 1040)

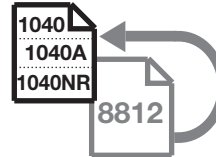
Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

juliette yeye bile & yeye bile

Child Tax Credit

▶ **Attach to Form 1040, Form 1040A, or Form 1040NR.**
▶ **Information about Schedule 8812 and its separate instructions is at**
www.irs.gov/schedule8812.



OMB No. 1545-0074

2016

Attachment
Sequence No. 47

Your social security number

005-67-4541

Part I Filers Who Have Certain Child Dependent(s) with an ITIN (Individual Taxpayer Identification Number)



*Complete this part only for each dependent who has an ITIN and for whom you are claiming the child tax credit.
If your dependent is not a qualifying child for the credit, you cannot include that dependent in the calculation of this credit.*

Answer the following questions for each dependent listed on Form 1040, line 6c; Form 1040A, line 6c; or Form 1040NR, line 7c, who has an ITIN (Individual Taxpayer Identification Number) and that you indicated is a qualifying child for the child tax credit by checking column (4) for that dependent.

- A** For the first dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
- ☐ Yes ☐ No
- B** For the second dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
- ☐ Yes ☐ No
- C** For the third dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
- ☐ Yes ☐ No
- D** For the fourth dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
- ☐ Yes ☐ No

Note: If you have more than four dependents identified with an ITIN and listed as a qualifying child for the child tax credit, see separate instructions and check here ☐

Part II Additional Child Tax Credit Filers

1	If you file Form 2555 or 2555-EZ stop here; you cannot claim the additional child tax credit.		
	If you are required to use the worksheet in Pub. 972 , enter the amount from line 8 of the Child Tax Credit Worksheet in the publication. Otherwise:		
1040 filers:	Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 52).	1	5,000.
1040A filers:	Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 35).		
1040NR filers:	Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 49).		
2	Enter the amount from Form 1040, line 52; Form 1040A, line 35; or Form 1040NR, line 49	2	0.
3	Subtract line 2 from line 1. If zero, stop here; you cannot claim this credit	3	5,000.
4a	Earned income (see separate instructions)	4a	47,645.
b	Nontaxable combat pay (see separate instructions)	4b	
5	Is the amount on line 4a more than \$3,000? <input type="checkbox"/> No. Leave line 5 blank and enter -0- on line 6. <input checked="" type="checkbox"/> Yes. Subtract \$3,000 from the amount on line 4a. Enter the result	5	44,645.
6	Multiply the amount on line 5 by 15% (0.15) and enter the result Next. Do you have three or more qualifying children? <input type="checkbox"/> No. If line 6 is zero, stop here; you cannot claim this credit. Otherwise, skip Part III and enter the smaller of line 3 or line 6 on line 13. <input checked="" type="checkbox"/> Yes. If line 6 is equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13. Otherwise, go to line 7.	6	6,697.

Part III Certain Filers Who Have Three or More Qualifying Children

7	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see separate instructions	7		
8	1040 filers: Enter the total of the amounts from Form 1040, lines 27 and 58, plus any taxes that you identified using code "UT" and entered on line 62.	8		
	1040A filers: Enter -0-.			
	1040NR filers: Enter the total of the amounts from Form 1040NR, lines 27 and 56, plus any taxes that you identified using code "UT" and entered on line 60.	9		
9	Add lines 7 and 8			
10	1040 filers: Enter the total of the amounts from Form 1040, lines 66a and 71.	10		
	1040A filers: Enter the total of the amount from Form 1040A, line 42a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 46 (see separate instructions).			
	1040NR filers: Enter the amount from Form 1040NR, line 67.			
11	Subtract line 10 from line 9. If zero or less, enter -0-	11		
12	Enter the larger of line 6 or line 11	12		
	Next , enter the smaller of line 3 or line 12 on line 13.			

Part IV Additional Child Tax Credit

13	This is your additional child tax credit	13	5,000.
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Enter this amount on
Form 1040, line 67,
Form 1040A, line 43, or
Form 1040NR, line 64.

Education Credits
(American Opportunity and Lifetime Learning Credits)

▶ Attach to Form 1040 or Form 1040A.

▶ Information about Form 8863 and its separate instructions is at www.irs.gov/form8863.

OMB No. 1545-0074

2016
Attachment
Sequence No. **50**

Name(s) shown on return

juliette yeye bile & yeye bile

Your social security number

005-67-4541

*Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.***Part I Refundable American Opportunity Credit**

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30	1	2,500.
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	2	180,000.
3	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3	47,645.
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	4	132,355.
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5	20,000.
6	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places)	6	1.000
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box <input type="checkbox"/>	7	2,500.
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040, line 68, or Form 1040A, line 44. Then go to line 9 below.	8	1,000.

Part II Nonrefundable Education Credits

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)	9	1,500.
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19	10	
11	Enter the smaller of line 10 or \$10,000	11	
12	Multiply line 11 by 20% (0.20)	12	
13	Enter: \$131,000 if married filing jointly; \$65,000 if single, head of household, or qualifying widow(er)	13	
14	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	14	
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15	
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16	
17	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places)	17	
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶	18	
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Form 1040, line 50, or Form 1040A, line 33	19	668.

Name(s) shown on return

juliette yeye bile & yeye bile

Your social security number

005-67-4541



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Part III Student and Educational Institution Information

See instructions.

20 Student name (as shown on page 1 of your tax return) juliette yeye bile	21 Student social security number (as shown on page 1 of your tax return) 005-67-4541
22 Educational institution information (see instructions)	
a. Name of first educational institution radians college (1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 1025 vermont avenue washington DC 20005 (2) Did the student receive Form 1098-T from this institution for 2016? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Did the student receive Form 1098-T from this institution for 2015 with box 2 filled in and box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If you checked "No" in both (2) and (3) , skip (4) . (4) If you checked "Yes" in (2) or (3) , enter the institution's federal identification number (from Form 1098-T). 27-4393145	b. Name of second educational institution (if any) (1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. (2) Did the student receive Form 1098-T from this institution for 2016? <input type="checkbox"/> Yes <input type="checkbox"/> No (3) Did the student receive Form 1098-T from this institution for 2015 with box 2 filled in and box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No If you checked "No" in both (2) and (3) , skip (4) . (4) If you checked "Yes" in (2) or (3) , enter the institution's federal identification number (from Form 1098-T).
23 Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2016? <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 24.	
24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2016 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. <input checked="" type="checkbox"/> Yes — Go to line 25. <input type="checkbox"/> No — Stop! Go to line 31 for this student.	
25 Did the student complete the first 4 years of postsecondary education before 2016? See instructions. <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 26.	
26 Was the student convicted, before the end of 2016, of a felony for possession or distribution of a controlled substance? <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No — Complete lines 27 through 30 for this student.	



You *can't* take the American opportunity credit and the lifetime learning credit for the *same student* in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.

American Opportunity Credit

27 Adjusted qualified education expenses (see instructions). Don't enter more than \$4,000	27	4,000.
28 Subtract \$2,000 from line 27. If zero or less, enter -0-	28	2,000.
29 Multiply line 28 by 25% (0.25)	29	500.
30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1	30	2,500.

Lifetime Learning Credit

31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	31	
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Health Coverage Exemptions

▶ Attach to Form 1040, Form 1040A, or Form 1040EZ.

▶ Information about Form 8965 and its separate instructions is at www.irs.gov/form8965.

Name as shown on return

juliette yeye bile & yeye bile

Your social security number

005-67-4541

Complete this form if you have a Marketplace-granted coverage exemption or you are claiming a coverage exemption on your return.

Part I

Marketplace-Granted Coverage Exemptions for Individuals. If you and/or a member of your tax household have an exemption granted by the Marketplace, complete Part I.

	(a) Name of Individual	(b) SSN	(c) Exemption Certificate Number
1			
2			
3			
4			
5			
6			

Part II**Coverage Exemptions Claimed on Your Return for Your Household**

7 If you are claiming a coverage exemption because your household income or gross income is below the filing threshold, check here. ☐

Part III

Coverage Exemptions Claimed on Your Return for Individuals. If you and/or a member of your tax household are claiming an exemption on your return, complete Part III.

	(a) Name of Individual	(b) SSN	(c) Exemption Type	(d) Full Year	(e) Jan	(f) Feb	(g) Mar	(h) Apr	(i) May	(j) June	(k) July	(l) Aug	(m) Sept	(n) Oct	(o) Nov	(p) Dec
8	yeye bile	220-77-0205	A													×
9	juliette yeye bile	005-67-4541	A										×	×	×	×
10	juliette yeye bile	005-67-4541	A										×	×	×	×
11	yeye bile	220-77-0205	A													×
12																
13																

Tax History Report

► Keep for your records

2016

Name(s) Shown on Return

juliette yeye bile & yeye bile

	Five Year Tax History:				
	2012	2013	2014	2015	2016
Filing status			MFJ	MFJ	MFJ
Total income			44,226.	44,718.	47,645.
Adjustments to income					
Adjusted gross income			44,226.	44,718.	47,645.
Tax expense			1,796.	2,491.	2,229.
Interest expense . . .					
Contributions					
Miscellaneous deductions.					
Other Itemized Deductions					0.
Total itemized/standard deduction . .			12,400.	12,600.	12,600.
Exemption amount . .			27,650.	28,000.	28,350.
Taxable income			4,176.	4,118.	6,695.
Tax.			418.	413.	668.
Alternative min tax . .					
Total credits			418.	413.	668.
Other taxes					0.
Payments			8,586.	8,044.	7,366.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund.			8,586.	8,044.	7,366.
Effective tax rate % . .			-17.47	-17.44	-15.19
**Tax bracket %			10.0	10.0	10.0

**Tax bracket % is based on Taxable income.

IMPORTANT DISCLOSURES

If you are owed a federal tax refund, you have a right to choose how you will receive the refund. There are several options available to you. Some options cost money and some options are free. Please read about these options below.

You can file your tax return electronically or by paper and obtain your refund directly from Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2017.

You can file your tax return electronically, select the Refund Processing Service ("RPS") for an additional fee of \$34.99 (the "RPS fee"), and have your federal income tax refund processed through a processor using bank services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Green Dot Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund the RPS fee, any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Credit Tax Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2017.

The RPS is not necessary to obtain your refund. If you have an existing bank account, you do not need to use the RPS, which requires the payment of a fee, in order to receive a direct deposit from the IRS. You may consult the IRS website (irs.gov) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund.

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in an income tax refund next year. Please consult your employer or tax advisor for additional details.

Information regarding low-cost deposit accounts may be available at www.mymoney.gov.

The chart below shows the options for filing your tax return (e-file or paper return), the RPS product, refund disbursement options, estimated timing for obtaining your tax refund proceeds, and costs associated with the various options.

WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks ²	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks ²	
ELECTRONIC FILING (E-FILE) No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days ²	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days ²	
ELECTRONIC FILING (E-FILE) Refund Processing Service	(a) Direct deposit to your personal bank account, or (b) Load to your prepaid card ¹ .	Usually within 21 days ²	\$ 34 . 99

¹ You may incur additional charges from the issuer of the prepaid card if you select to have your tax refund loaded on a prepaid debit card. Bank is not affiliated with the issuer of the prepaid card.

² However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2017.

Questions? Call 1-877-908-7228

Consent to Use of Tax Return Information

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

If you are requesting use of personal information from a joint return, you are representing that we have consent for both parties on the return.

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

The following statements apply:

Sign this agreement by entering your name and the date below.

First Name

Last Name

Date

We need your consent to process with this payment option

This is an IRS requirement

The purpose of this agreement is to confirm that you are eligible for this payment option. By agreeing, you allow Intuit, the maker of TurboTax software, to verify that your refund is enough to cover total fees and applicable sales tax.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit, the maker of TurboTax, to use the information provided in this 2016 return to determine whether a portion of the refund can be used to pay for tax preparation.

juliette
First Name

yeye bile
Last Name

Please type the date below:

02/02/2017

Date

yeye

bile

02/02/2017

This is an IRS requirement

We transmit this information so that you may use this payment option. BANK and SBTPG will use your information in accordance with their applicable refund processing service agreement and privacy policy.

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

I authorize Intuit, the maker of TurboTax, to disclose to BANK and SBTPG that portion of my 2016 tax return information that is necessary to enable BANK and SBTPG to process my refund.

sbja1301.SCR 12/17/15

Read and accept this Disclosure Consent

This is an IRS requirement

In order to finalize your request for this payment option, we need to send the following information to Civista Bank of Sandusky, OH ('BANK') and to Santa Barbara Tax Products Group, LLC ('SBTPG'), the administrator and servicer of this payment option: your identifying information, your deposit information and your refund amount.

We transmit this information so that you may use this payment option. BANK and SBTPG will use your information in accordance with their applicable refund processing service agreement and privacy policy.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit, the maker of TurboTax, to disclose to BANK and SBTPG that portion of my 2016 tax return information that is necessary to enable BANK and SBTPG to process my refund.

Sign this agreement by entering your name:

Please type the date below:

Date

Name(s) Shown on Return juliette yeye bile & yeye bile	Your SSN 005-67-4541
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Line 4b - Adjustment for trade or business income or loss

(a) Activity name	(b) Gain or loss
Enter additional adjustments not included above:	
Adjustment for trade or business income not subject to net investment tax	

Line 5b - Adjustment for gain or loss on dispositions

(a) Activity name	(b) Gain or loss
Capital loss carryover adjustment from 2015 for net investment tax purposes	
Enter additional adjustments not included above and check the box if a capital gain or loss:	
	<input type="checkbox"/>
Net gain or loss from disposition of property not subject to net investment tax	

Capital gain/loss not included in net investment income

(a) Activity name	(b) Capital Gain or Loss
Capital gain or loss from sale of property not subject to net investment income tax	

Calculation of line 5b adjustment due to capital loss carryforward

1	Net capital loss not included in net investment income	1	0 .
2	Capital loss carryover to next year	2	
3	Lesser of line 1 or line 2 (Included as an adjustment on line 5b table above). . .	3	0 .

Line 7 - Other modifications to investment income

1	Casualty and theft losses reported on Schedule A, line 20.	1	
2	Amounts reported on Form 8814, line 12	2	
3	Adjustment for distributions from estates and trusts	3	
4	Schedules C and F income/loss included in net investment income.	4	
5	Substitute interest and dividend payments	5	
6	Recovery of a prior year deduction	6	
7		7	
8	Total other modifications to investment income	8	

Line 9b - State income tax allocable to net investment income

1	State, local, and foreign income taxes	1	
2	Investment income.	2	
3	Total adjusted gross income	3	
4	Divide line 2 by line 3. Enter result as a decimal amount	4	
5	State, local and foreign income taxes allocable to investment income	5	

Line 10 - Tax preparations fees allocable to net investment income

1	Tax preparations fees	1	
2	Investment income.	2	
3	Total adjusted gross income	3	
4	Divide line 2 by line 3. Enter result as a decimal amount	4	
5	Tax preparations fees allocable to investment income	5	

Lines 9 and 10 - Application of Itemized Deduction Limitations Worksheet**Part I - Application of Section 67 to Deductions Properly Allocable to Investment Income**

1	Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income before any itemized deductions limitations: _____ _____ _____		
2	Enter the total of all items listed on line 1	2	
3	Enter the amount of all Miscellaneous Itemized Deductions after the application of the section 67 limitation (Schedule A (Form 1040), line 27)	3	
4	Enter the lesser of the total reported on line 2 or line 3	4	

Part II - Application of Section 67 Limitation to Specific Deductions

(A)	(B)	(C)
Reenter the amounts and descriptions from Part I, line 1	Fraction (see Help)	Column A times B
_____ x _____ = _____		
_____ x _____ = _____		
_____ x _____ = _____		
_____ x _____ = _____		

Part III - Application of Section 68 to Deductions Properly Allocable to Investment Income

1	Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income from Column(C) of Part II: _____ _____ _____	1	
2	Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income	2	
3	Enter the amount of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitation: _____ _____ _____	3	
4	Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3.	4	
5	Enter the amount of total itemized deductions allowed after the section 68 limitation. Form 1040, line 40	5	
6	Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation:	6	
7	Subtract line 6 from line 5	7	
8	Enter the lesser of line 7 or line 4	8	

Part IV - Reconciliation of Schedule A Deductions to Form 8960 plus additional expenses, lines 9 and 10

(A)		(B)	(C)
Reenter the amounts and descriptions from Part III, lines 1-3		Fraction (see Help)	Column A times B
Miscellaneous Itemized Deductions properly allocable to Investment Income reportable on Form 8960, line 9c:			
1		x	=
		x	=
		x	=
		x	=
Total miscellaneous investment expenses to Form 8960, line 9c			
2	State, local, and foreign income taxes	x	=
Itemized Deductions Subject to Section 68 reportable on Form 8960, line 10:			
3		x	=
		x	=
		x	=
		x	=
Penalty on early withdrawal of savings			
Other modifications:			
Total additional modifications to Form 8960, line 10			

Calculation of Former Passive Activity Suspended Losses Allowed as Deduction Against NII**1) Former Passive Activity Suspended Losses**

(a) Activity name	(b) Suspended 12/31/2015	(c) Suspended 12/31/2016	(d) Used against activity	(e) Used against other passive

2) Former Passive Activity Suspended Losses - Schedule D

(a) Activity name	(b) Suspended 12/31/2015	(c) Suspended 12/31/2016	(d) Used against activity	(e) Used against other passive

3) Former Passive Activity Suspended Losses - Form 4797

(a) Activity name	(b) Suspended 12/31/2015	(c) Suspended 12/31/2016	(d) Used against activity	(e) Used against other passive

Part I – Personal InformationInformation in Part I is **completely calculated** from entries on Personal Information Worksheets.**Taxpayer:**

First name juliette
 Middle initial _____ Suffix _____
 Last name yeye bile
 Social security no. 005-67-4541
 Occupation Registered nurse
 Date of birth 06/12/1979 (mm/dd/yyyy)
 Age as of 1-1-2017 37
 Daytime phone (202) 480-1499 Ext _____
 Legally blind ☐
 Date of death _____

Dependent of Someone Else:

Can taxpayer be claimed as dependent of another person (such as parent)? . . . ☐ Yes ☒ No
 If yes, **was** taxpayer claimed as dependent on that person's return? ☐ Yes ☒ No

Credit for the Elderly or Disabled (Schedule R):

Is the taxpayer retired on total and permanent disability? . . ☐ Yes ☐ No

Presidential Election Campaign Fund:

Does the taxpayer want \$3 to go to the Presidential Election Campaign Fund? . . ☐ Yes ☐ No

Spouse:

First name yeye
 Middle initial _____ Suffix _____
 Last name bile
 Social security no. 220-77-0205
 Occupation dietary aide
 Date of birth 02/26/1973 (mm/dd/yyyy)
 Age as of 1-1-2017 43
 Daytime phone _____ Ext _____
 Legally blind ☐
 Date of death _____

Dependent of Someone Else:

Can spouse be claimed as dependent of another person (such as parent)? . . ☐ Yes ☒ No
 If yes, **was** spouse claimed as dependent on that person's return? ☐ Yes ☒ No

Credit for the Elderly or Disabled (Schedule R):

Is the spouse retired on total and permanent disability? . . ☐ Yes ☐ No

Presidential Election Campaign Fund:

Does the spouse want \$3 to go to the Presidential Election Campaign Fund? . . ☐ Yes ☐ No

Part II – Address and Federal Filing Status (enter information in this section)

Address 6906 Jarrett Ave Apt no. _____
 City Oxon Hill State MD ZIP code 20745
 Foreign code _____ Foreign country _____
 Foreign province/county _____ Foreign postal code _____

APO/FPO/DPO address, check if appropriate APO ☐ FPO ☐ DPO ☐

Home phone _____

Check to print phone number on Form 1040 . . . ☐ Home ☒ Taxpayer daytime ☐ Spouse daytime

Federal filing status:

- ☐ 1 Single
☒ 2 Married filing jointly
☐ 3 Married filing separately
 Check this box if you **did not** live with your spouse at any time during the year ☐
 Check this box if you are eligible to claim your spouse's exemption (see Help) ☐
☐ 4 Head of household
 If the 'qualifying person' is your child but **not** your dependent:
 Child's First name _____ MI _____ Last Name _____ Suffix _____
 Child's social security number _____
☐ 5 Qualifying widow(er)
 Check the appropriate box for the year your spouse died 2014 ☐ 2015 ☐

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

Information in Part III is completely calculated from entries on Dependent/Nondependent Info Worksheets.

First name Last name	MI Suffix	Social security number Relationship	Date of birth (mm/dd/yyyy)			Date of death (mm/dd/yyyy)	Qualified child/dep care exps incurred and paid 2016	E I C	Lived with taxpyr in U.S.	Educ Tuitn and Fees	* D e p
			Age	C o d e	Not qual for child tax cr						
jora	R	402-85-5776	02/20/2001								
yeye bile		Son	15	L				E	12		Yes
laedan	L	515-79-3759	06/24/2002								
yeye bile		Son	14	L				E	12		Yes
fidelia	L	372-75-0315	04/19/2006								
yeye bile		Daughter	10	L				E	12		Yes
See Additional Dependents Statement											

* "Yes" - qualifies as dependent, "No" - does not qualify as dependent

Part IV – Earned Income Credit Information (you must answer these questions to calculate EIC)

Is the taxpayer or spouse a qualifying child for EIC for another person? ☐ Yes ☒ No

Was the taxpayer's (and spouse's if married filing jointly) home in the United States for more than half of 2016? ☒ Yes ☐ No

If the SSN of the taxpayer, or spouse if married filing jointly, was obtained to get a federally funded benefit, such as Medicaid, and the Social Security card contains the legend **Not Valid for Employment**, check this box (see Help) ☐

Check if you are filing head of household **and** your spouse is a nonresident alien **and** you lived with your spouse during the last six months of 2016 ☐

Was EIC disallowed or reduced in a previous year and are you required to file Form 8862 this year? ☐ Yes ☒ No

Check if you were notified by the IRS that EIC cannot be claimed in 2016 or if you are ineligible to claim the EIC in 2015 for any other reason ☐

Part V – Direct Deposit or Direct Debit Information (not applicable for Form 9465)

Do you want to elect **direct deposit** of any federal tax refund? ☒ Yes ☐ No

Do you want to elect **direct debit** of federal balance due (Electronic filing only)? . . . ☐ Yes ☐ No

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional) ▶ pnc

Check the appropriate box. ▶ Checking ☒ Savings ☐

Routing number. ▶ 054000030 Account number ▶ 5347941355

Enter the following information only if you are requesting direct debit of balance due:

Enter the payment date to withdraw from the account above ▶ _____
Balance-due amount from this return ▶ _____

Part VI – Additional Information for Your Federal Return

Standard Deduction/Itemized Deductions:

Check this box if you are itemizing for state tax or other purposes even though your itemized deductions are less than your standard deduction ☐

Check this box if you are married filing separately and your spouse itemized deductions ☐

Check this box to take the standard deduction even if less than itemized deductions ☐

Main Form Selection:

Check this box to calculate Form 1040 even if you qualify to use Form 1040A or 1040EZ. ☐

Real Estate Professionals:

Do you or your spouse qualify for the special passive activity rules for taxpayers in real property business? (see Help) ☐ Yes ☐ No

Credit for Qualified Retirement Savings Contributions (Form 8880):

Is the taxpayer a full-time student? ☐ Yes ☐ No
Is the spouse a full-time student? ☐ Yes ☐ No

Foreign Tax Credit (Form 1116):

Check this box to file Form 1116 even if you're not required to file Form 1116 ☐

Resident country USA

Excludable Income from Am. Samoa, Guam, Commonwealth of the N. Mariana Islands, or Puerto Rico:

Excludable income of bona fide residents of American Samoa, Guam, or the
Commonwealth of the Northern Mariana Islands _____

Excludable income from Puerto Rico _____

Dual Status Alien Return:

Check this box if you are a dual-status alien ☐

Third Party Designee:

Caution: Review transferred information for accuracy.

Do you want to allow another person to discuss this return with the IRS? ☐ Yes ☐ No

If Yes, complete the following:

Third party designee name ►

Third party designee phone number . . . ▶

Personal Identification number (enter any 5 numbers) . . ▶

If you are entitled to a filing extension or other disaster relief provision as declared by the IRS, enter the appropriate information (see Help) ►

Part VI – Additional Information for Your Federal Return - Continued

Personal Representative for deceased taxpayers:

Name of personal representative required for E-filed returns when Form 1310 is not filed or it is not the surviving spouse ▶ _____

Part VII – State Filing Information

Identity Protection PIN:

If the IRS sent the taxpayer an Identity Protection PIN, enter it here ▶ _____

If the IRS sent the spouse an Identity Protection PIN, enter it here ▶ _____

Taxpayer:

Enter the taxpayer's state of residence as of December 31, 2016 ▶ MD

Check the appropriate box:

Taxpayer is a resident of the state above for the entire year ▶ ☒

Taxpayer is a resident of the state above for only part of year ▶ ☐

Date the taxpayer established residence in state above ▶ _____

In which state (or foreign country) did the taxpayer reside before this change? ▶ _____

Spouse:

Enter the spouse's state of residence as of December 31, 2016 ▶ MD

Check the appropriate box:

Spouse is a resident of the state above for the entire year ▶ ☒

Spouse is a resident of the state above for only part of year ▶ ☐

Date the spouse established residence in state above ▶ _____

In which state (or foreign country) did the spouse reside before this change? ▶ _____

Nonresident states:

Nonresident State(s)	Taxpayer/Spouse/Joint
_____	_____
_____	_____
_____	_____
_____	_____

Check this box if you are in a Registered Domestic Partnership or a civil union ▶ ☐

If you checked the box on the line above, also check the appropriate box below:

Check if this is your individual federal return you are filing with the IRS ▶ ☐

Check if this is the joint return created to file joint state tax return (see Help) ▶ ☐

Use the PIN that you signed last year's tax return with.

Taxpayer's Prior year PIN _____

Spouse's Prior year PIN _____

These signature PINs are chosen by the taxpayer and spouse and used for e-filing your tax return

Taxpayer's PIN used to sign the return

29992

Spouse's PIN used to sign the return

12345

Taxpayer:

Drivers license or state ID number

Issued by what state

Expiration Date

Issued Date

License or ID

license . ▶ ☐

ID . ▶ ☐

neither . ▶ ☒

Spouse

Drivers license or state ID number

Issued by what state

Expiration Date

Issued Date

License or ID

license . ▶ ☐

ID . ▶ ☐

neither . ▶ ☒

**Personal Information Worksheet
For the Taxpayer**

2016

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Part I – Taxpayer's Personal Information

First name . . . juliette Middle initial . . . Last name . . . yeye bile
Suffix
Social security no. . . . 005-67-4541 Member of U.S. Armed Forces in 2016? . . ☐ Yes ☒ No
Date of birth 06/12/1979 (mm/dd/yyyy) age as of 1-1-2017 37
Occupation Registered nurse Daytime phone (202) 480-1499 Ext
Marital status . . . Married
If widowed, check the appropriate box for the year your spouse died:
After 2016 ► ☐ 2016 . ► ☐ 2015 . ► ☐ 2014 . ► ☐ Before 2014 . ► ☐
Are you retired on total and permanent disability? (for Schedule R, see Help) ► ☐ Yes ☐ No
Check if this person is legally blind ► ☐ Yes ☒ No
If deceased, enter the date of death ► (mm/dd/yyyy)
Were you under the age of 16 as of 1-1-2017 and this is the first year you
are filing a tax return? ► ☐ Yes ☐ No
Do you want \$3 to go to Presidential Election Campaign Fund? ► ☐ Yes ☐ No

Part II – Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

- 1 **Can** someone (such as your parent) claim you as a dependent? ► ☐ Yes ☒ No
2 If you answered 'Yes' to question 1, are you actually claimed as a dependent
on that person's tax return? ► ☐ Yes ☒ No
*Questions 3 through 5 are only required for individuals who claim the
American Opportunity Credit.*
3 Were you a full-time student during any part of five months during 2016? ► ☒ Yes ☐ No
4 Did your earned income exceed one-half of your support? ► ☐ Yes ☐ No
5 Was at least one of your parents alive on December 31, 2016? ► ☐ Yes ☐ No

Part III – Taxpayer's State Residency Information

Enter this person's state of residence as of December 31, 2016 MD
Check the appropriate box:
This person is a resident of the state above for the entire year ☒
This person is a resident of the state above for only part of year ☐
Date this person established residence in state above ►
In which state (or foreign country) did this person reside before this change? ►

Part IV – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2016
Unreimbursed medical expenses paid for qualifying person in 2016
Employment taxes paid for dependent care providers in 2016
Full-time student for 5 calendar months during 2016? ► ☐ Yes ☐ No
Disabled person who was not physically or mentally capable of self-care? ► ☐ Yes ☐ No
This person is a qualifying person for the child and dependent care credit ► ☐ Yes ☒ No

Part VI – Healthcare Coverage

Does coverage in prior year qualify January and February for eligibility for
short gap exemption? See help for additional details. ☒ Yes ☐ No

Prior year covered or exempt other than short gap exemption for November and
December, supports answer to January and February eligible for short gap exemption
above.

Check if covered or exempt (other than short gap) for prior year November ☒
Check if covered or exempt (other than short gap) for prior year December ☒

Check the appropriate box below to indicate the healthcare coverage for this person. Select 12 months
if they were covered all year, select the individual months if they were not covered all year and leave
blank if they did not have minimum essential during any month of the year.

12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Enter any Marketplace-granted coverage exemption for this person below:

Exemption Certificate Number	Exemption Start Month	Exemption End Month

Enter any other insurance coverage exemption requested for this person below:

Exemption Type								Check Full Year or Months Exempt for Each Type							
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec			
A								Full Year . . . ▶							
										X	X	X	X		
A								Full Year . . . ▶							
										X	X	X	X		
								Full Year . . . ▶							

Healthcare coverage information has been completed for this person.. . . . ☐

Student Information Worksheet

2016

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Name of Student juliette yeye bile	Social Security Number 005-67-4541
---------------------------------------	---------------------------------------

Part I – Student Status

- Was this person a student during 2016? ☒ Yes ☐ No
- What kind of school did the student attend during 2016? (Check all that apply.)

a <input type="checkbox"/> Elementary	c <input checked="" type="checkbox"/> College (postsecondary)	e <input type="checkbox"/> Military academy
b <input type="checkbox"/> High school (secondary)	d <input type="checkbox"/> Vocational school	f <input type="checkbox"/> Not applicable
- Did the student receive scholarships or other education assistance? ☐ Yes ☐ No

Part II – College Student Information

- Did the student complete the first 4 years of postsecondary education as of 1/1/2016? ☐ Yes ☒ No ☐ NA
- Was this student enrolled at an eligible education institution during 2016? ☒ Yes ☐ No ☐ NA
- Was this student enrolled in a program that leads to a degree, certificate, or credential? ☒ Yes ☐ No ☐ NA
- Was this student taking courses as part of a postsecondary degree program or to acquire or improve job skills? ☒ Yes ☐ No ☐ NA
- Did this student take at least one-half the normal full-time workload for one academic period? ☒ Yes ☐ No ☐ NA
- Has this student been convicted of a felony for possessing or distributing a controlled substance? ☐ Yes ☒ No ☐ NA
- Is this student an eligible dependent of the taxpayer? ☐ Yes ☐ No ☒ NA
- In how many prior years has an American Opportunity Credit been claimed for this student? ►
- In how many prior years has a Hope Credit been claimed for this student ►

Part III – Education Credit and Deduction Qualifications (Determined based entries in Part II)

- Is this student qualified for the American Opportunity Credit? ☒ Yes ☐ No
- Is this student qualified for the Lifetime Learning Credit? ☒ Yes ☐ No
- Is this student qualified for the Tuition and Fees Deduction? ☒ Yes ☐ No

Part IV – Educational Institution and Tuition Summary

School Name EIN		Address (number, street, apt no., city, state, and ZIP Code)	Tuition paid	Scholar- ships or grants	On Form 1098-T	
radians college		1025 vermont avenue	5,000.	0.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
27-4393145		washington DC 20005				
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____						
					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____						
Totals			5,000.	0.		

Part V – Education Assistance (Scholarships, Fellowships, Grants, etc.)

	Total	Taxable	Tax-free
1 Educational assistance that is always tax-free:			
a Veteran or employer assistance from Form 1098-T Worksheets . . .	_____		
b Other veteran assistance or certain Indian tribal payments	_____		
c Other tax-free employer-provided assistance	_____		
d Total	_____		_____
2 Scholarships, fellowships, and grants not reported on Form W-2:			
a Scholarships and grants from Part IV above	_____		
b Other scholarships, fellowships and grants	_____		
c Total	_____		
3 Scholarship reported in 2016 not allocable to 2016 expense	_____		
4 Amount required to be used for other than qualified education expenses		_____	
5 Subtract line 3 and 4 from line 2c.	_____		
6 Total qualified education expenses from Part VI below.	<u>5,000.</u>		
7 If student is a candidate for a degree, enter the amount used for qualified education expenses, otherwise, enter -0-.			_____
8 Subtract line 7 from line 5		_____	
9 Taxable part. Add lines 4 and 8.		_____	
10 Tax-free educational assistance. Add lines 1d and 7			_____

Part VI – Education Expenses

[illegible]

Part VII – Education Credit or Deduction Election

1	Elect credit or deduction which results in best tax outcome.	<input checked="" type="checkbox"/>
2	Elect the American Opportunity Credit	<input type="checkbox"/>
3	Elect the Lifetime Learning Credit	<input type="checkbox"/>
4	Elect the tuition and fees deduction	<input type="checkbox"/>
5	Not applicable	<input type="checkbox"/>

Part VIII – Qualified Tuition Program (Section 529 Plan)

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1 Total Qualified Tuition Plan (QTP) distributions from Form 1099-Q		
2 Adjusted Qualified Higher Education Expenses		
3 Qualified Higher Education Expenses applied to QTP distributions		
4 Excess distributions. Subtract line 3 from line 1. If line 4 is greater than zero, complete lines 5 through 8.		
5 Total distributed earnings from Form 1099-Q box 2		
6 Fraction. Divide line 3 by line 1.		
7 Multiply line 5 by line 6.		
8 Earnings taxable to recipient. Subtract line 7 from line 5.		

Part IX – Education Savings Account (ESA)

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1 Total Education Savings Account (ESA) distributions from Form 1099-Q. . .		
2 Qualified Elementary and Secondary Education Expenses		
3 Qualified Elementary and Secondary Education Expenses applied		
4 Subtract line 3 from line 1.		
5 Adjusted Qualified Higher Education Expenses		
6 Qualified Higher Education Expenses applied to ESA distributions		
7 Excess distributions. Subtract line 6 from line 4.		
8 Distributions taxable to recipient		

Part X – Series EE and I U.S. Savings Bonds Issued After 1989

1	Total proceeds from U.S. Savings Bonds cashed during 2016 for this student.	_____
2	Adjusted Qualified Higher Education Expenses.	_____
3	Qualified Higher Education Expenses applied to exclusion of U.S. bond interest	_____
4	Interest included in line 1	_____
5	Name and address of eligible educational institution(s) attended:	
	Institution Name	Institution Name
	Street address	Street address
	City	City
	State	State
	Zip Code	Zip Code

2016

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Part I – Spouse's Personal Information

First name . . . yeye Middle initial . Last name . . bile
Suffix

Social security no. . . 220-77-0205 Member of U.S. Armed Forces in 2016? . . ☐ Yes ☒ No

Date of birth 02/26/1973 (mm/dd/yyyy) age as of 1-1-2017. 43

Occupation dietary aide Daytime phone Ext

Marital status . . . _____

If widowed, check the appropriate box for the year your spouse died:

After 2016 . ☐ 2016 . ☐ 2015 . ☐ 2014 . ☐ Before 2014 . ☐

Are you retired on total and permanent disability? (for Schedule R, see Help). ☐ Yes ☐ No

Check if this person is legally blind ☐ Yes ☒ No

If deceased, enter the date of death ▶ (mm/dd/yyyy)

Were you under the age of 16 as of 1-1-2017 and this is the first year you are filing a tax return? ☐ Yes ☐ No

Do you want \$3 to go to Presidential Election Campaign Fund? ☐ Yes ☐ No

Part II – Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

1 Can someone (such as your parent) claim you as a dependent? ☐ Yes ☒ No

2 If you answered 'Yes' to question 1, are you actually claimed as a dependent ☐ Yes ☐ No

on that person's tax return? ☐ Yes ☒ No

Questions 3 through 5 are only required for individuals who claim the American Opportunity Credit.

3 Were you a full-time student during any part of five months during 2016? ☐ Yes ☐ No

4 Did your earned income exceed one-half of your support? ☐ Yes ☐ No

5 Was at least one of your parents alive on December 31, 2016? ☐ Yes ☐ No

Part III – Spouse's State Residency Information

Enter this person's state of residence as of December 31, 2016 MD

Check the appropriate box:

This person is a resident of the state above for the entire year ☒

This person is a resident of the state above for only part of year

Date this person established residence in state above ▶

In which state (or foreign country) did this person reside before this change? ▶

Part IV – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2016

Unreimbursed medical expenses paid for qualifying person in 2016

Employment taxes paid for dependent care providers in 2016

Full-time student for 5 calendar months during 2016? ☐ Yes ☐ No

Disabled person who was not physically or mentally capable of self-care? ▶ ☐ Yes ☐ No

This person is a qualifying person for the child and dependent care credit ☒ Yes ☐ No

Part VI – Healthcare Coverage

Does coverage in prior year qualify January and February for eligibility for short gap exemption? See help for additional details. ☒ Yes ☐ No

Prior year covered or exempt other than short gap exemption for November and December, supports answer to January and February eligible for short gap exemption above.

Check if covered or exempt (other than short gap) for prior year November ☒ X

Check if covered or exempt (other than short gap) for prior year November	X
Check if covered or exempt (other than short gap) for prior year December	X

Check the appropriate box below to indicate the healthcare coverage for this person. Select 12 months if they were covered all year, select the individual months if they were not covered all year and leave blank if they did not have minimum essential during any month of the year.

[illegible]

Enter any Marketplace-granted coverage exemption for this person below:

Exemption Certificate Number	Exemption Start Month	Exemption End Month

Enter any other insurance coverage exemption requested for this person below:

Exemption Type							Check Full Year or Months Exempt for Each Type						
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
A													
													X
A													
													X

Healthcare coverage information has been completed for this person.. . . . ☐

Dependent and Nondependent Information Worksheet

2016

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Part I – Personal Information

First name . . . jora Middle initial . R Last name . . yeye bile
Suffix

Social security no. . . 402-85-5776

Date of birth 02/20/2001 (mm/dd/yyyy) age as of 12-31-2016 15

Did this person pass away in 2016 (deceased)? . . ☐ Yes ☐ No Date of death

Relationship to taxpayer or spouse Son

CAUTION: If claiming a child other than your own, see **Relationship** in the Tax Help.

NOTE: The ability to set your answers to being the same as last year for the dependent is only available in Step-by-Step mode and not in Forms mode.

Are the answers to the questions below for this person, to determine whether they are your dependent, the same as they were last year? ► ☐ Yes ☐ No

Dependency code *. L – Your dependent child who lived with you

*Dependency code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Dependent is disabled ☐

Part II – Earned Income Credit and Child Tax Credit

Is this person a U.S. citizen, U.S. national, or a U.S. resident? ☒ Yes ☐ No

Is this person a resident of Canada or Mexico? ☐ Yes ☒ No

This person is adopted and you are a U.S. citizen or U.S. national
The adopted child lived with you all year ☐

*If the child is adopted, you are a U.S. citizen or U.S. national and they lived with you all year, they are considered to meet the citizen test and the U.S. citizen box will automatically be checked yes.

Child is a potentially qualifying child for earned income credit ☒ Yes ☐ No

Child is a nondependent, but may qualify for earned income credit ☐ Yes ☐ No

You, and no one else, is claiming this nondependent for the earned income credit. ☐ Yes ☐ No

Months lived with taxpayer in the United States 12

Qualifying for the earned income credit * . E – Qualifying child

*EIC code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Check if this person is **not** a qualifying child for the child tax credit ☐

If this dependent has an ITIN issued by the IRS instead of a social security number issued by the social security administration, Dependent has ITIN . . . ► ☐

did they meet the substantial presence test? (see Schedule 8812 Instructions) ☐ Yes ☐ No

Dependent and Nondependent Information Worksheet

2016

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Part I – Personal Information

First name . . . laedan Middle initial . L Last name . . yeye bile
Suffix

Social security no. . . 515-79-3759

Date of birth 06/24/2002 (mm/dd/yyyy) age as of 12-31-2016 14

Did this person pass away in 2016 (deceased)? . . ☐ Yes ☒ No Date of death

Relationship to taxpayer or spouse Son

CAUTION: If claiming a child other than your own, see **Relationship** in the Tax Help.

NOTE: The ability to set your answers to being the same as last year for the dependent is only available in Step-by-Step mode and not in Forms mode.

Are the answers to the questions below for this person, to determine whether they are your dependent, the same as they were last year? ► ☐ Yes ☐ No

Dependency code *. L – Your dependent child who lived with you

*Dependency code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Dependent is disabled ☐

Part II – Earned Income Credit and Child Tax Credit

Is this person a U.S. citizen, U.S. national, or a U.S. resident? ☒ Yes ☐ No

Is this person a resident of Canada or Mexico? ☐ Yes ☒ No

This person is adopted and you are a U.S. citizen or U.S. national
The adopted child lived with you all year ☐

*If the child is adopted, you are a U.S. citizen or U.S. national and they lived with you all year, they are considered to meet the citizen test and the U.S. citizen box will automatically be checked yes.

Child is a potentially qualifying child for earned income credit ☒ Yes ☐ No

Child is a nondependent, but may qualify for earned income credit ☐ Yes ☐ No

You, and no one else, is claiming this nondependent for the earned income credit. ☐ Yes ☐ No

Months lived with taxpayer in the United States 12

Qualifying for the earned income credit * . E – Qualifying child

*EIC code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Check if this person is **not** a qualifying child for the child tax credit ☐

If this dependent has an ITIN issued by the IRS instead of a social security number issued by the social security administration, Dependent has ITIN . . . ► ☐

did they meet the substantial presence test? (see Schedule 8812 Instructions) ☐ Yes ☐ No

Dependent and Nondependent Information Worksheet

2016

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Part I – Personal Information

First name . . . fidelia Middle initial . L Last name . . yeye bile
Suffix

Social security no. . . 372-75-0315

Date of birth 04/19/2006 (mm/dd/yyyy) age as of 12-31-2016 10

Did this person pass away in 2016 (deceased)? . . ☐ Yes ☐ No Date of death

Relationship to taxpayer or spouse Daughter

CAUTION: If claiming a child other than your own, see **Relationship** in the Tax Help.

NOTE: The ability to set your answers to being the same as last year for the dependent is only available in Step-by-Step mode and not in Forms mode.

Are the answers to the questions below for this person, to determine whether they are your dependent, the same as they were last year? ► ☐ Yes ☐ No

Dependency code *. L – Your dependent child who lived with you

*Dependency code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Dependent is disabled ☐

Part II – Earned Income Credit and Child Tax Credit

Is this person a U.S. citizen, U.S. national, or a U.S. resident? ☒ Yes ☐ No

Is this person a resident of Canada or Mexico? ☐ Yes ☒ No

This person is adopted and you are a U.S. citizen or U.S. national
The adopted child lived with you all year ☐

*If the child is adopted, you are a U.S. citizen or U.S. national and they lived with you all year, they are considered to meet the citizen test and the U.S. citizen box will automatically be checked yes.

Child is a potentially qualifying child for earned income credit ☒ Yes ☐ No

Child is a nondependent, but may qualify for earned income credit ☐ Yes ☐ No

You, and no one else, is claiming this nondependent for the earned income credit. ☐ Yes ☐ No

Months lived with taxpayer in the United States 12

Qualifying for the earned income credit * . E – Qualifying child

*EIC code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Check if this person is **not** a qualifying child for the child tax credit ☐

If this dependent has an ITIN issued by the IRS instead of a social security number issued by the social security administration, Dependent has ITIN . . . ► ☐

did they meet the substantial presence test? (see Schedule 8812 Instructions) ☐ Yes ☐ No

Dependent and Nondependent Information Worksheet

2016

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Part I – Personal Information

First name . . . blessing Middle initial . B Last name . . yeye bile
Suffix

Social security no. . . 270-85-5444

Date of birth 07/03/2007 (mm/dd/yyyy) age as of 12-31-2016 9

Did this person pass away in 2016 (deceased)? . . ☐ Yes ☐ No Date of death

Relationship to taxpayer or spouse Daughter

CAUTION: If claiming a child other than your own, see **Relationship** in the Tax Help.

NOTE: The ability to set your answers to being the same as last year for the dependent is only available in Step-by-Step mode and not in Forms mode.

Are the answers to the questions below for this person, to determine whether they are your dependent, the same as they were last year? ► ☐ Yes ☐ No

Dependency code *. L – Your dependent child who lived with you

*Dependency code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Dependent is disabled ☐

Part II – Earned Income Credit and Child Tax Credit

Is this person a U.S. citizen, U.S. national, or a U.S. resident? ☒ Yes ☐ No

Is this person a resident of Canada or Mexico? ☐ Yes ☒ No

This person is adopted and you are a U.S. citizen or U.S. national
The adopted child lived with you all year ☐

*If the child is adopted, you are a U.S. citizen or U.S. national and they lived with you all year, they are considered to meet the citizen test and the U.S. citizen box will automatically be checked yes.

Child is a potentially qualifying child for earned income credit ☒ Yes ☐ No

Child is a nondependent, but may qualify for earned income credit ☐ Yes ☐ No

You, and no one else, is claiming this nondependent for the earned income credit. ☐ Yes ☐ No

Months lived with taxpayer in the United States 12

Qualifying for the earned income credit * . E – Qualifying child

*EIC code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Check if this person is **not** a qualifying child for the child tax credit ☐

If this dependent has an ITIN issued by the IRS instead of a social security number issued by the social security administration, Dependent has ITIN . . . ► ☐

did they meet the substantial presence test? (see Schedule 8812 Instructions) ☐ Yes ☐ No

Dependent and Nondependent Information Worksheet

2016

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Part I – Personal Information

First name . . . peyton Middle initial . R Last name . . yeye bile
Suffix

Social security no. . . 784-97-5327

Date of birth 08/02/2011 (mm/dd/yyyy) age as of 12-31-2016 5
Did this person pass away in 2016 (deceased)? . . ☐ Yes ☐ No Date of death

Relationship to taxpayer or spouse Son

CAUTION: If claiming a child other than your own, see **Relationship** in the Tax Help.

NOTE: The ability to set your answers to being the same as last year for the dependent is only available in Step-by-Step mode and not in Forms mode.

Are the answers to the questions below for this person, to determine whether they are your dependent, the same as they were last year? ► ☐ Yes ☐ No

Dependency code *. L – Your dependent child who lived with you

*Dependency code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Dependent is disabled ☐

Part II – Earned Income Credit and Child Tax Credit

Is this person a U.S. citizen, U.S. national, or a U.S. resident? ☒ Yes ☐ No
Is this person a resident of Canada or Mexico? ☐ Yes ☒ No

This person is adopted and you are a U.S. citizen or U.S. national
The adopted child lived with you all year ☐

*If the child is adopted, you are a U.S. citizen or U.S. national and they lived with you all year, they are considered to meet the citizen test and the U.S. citizen box will automatically be checked yes.

Child is a potentially qualifying child for earned income credit ☒ Yes ☐ No
Child is a nondependent, but may qualify for earned income credit ☐ Yes ☐ No
You, and no one else, is claiming this nondependent for the earned income credit. ☐ Yes ☐ No

Months lived with taxpayer in the United States 12

Qualifying for the earned income credit * . E – Qualifying child

*EIC code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Check if this person is **not** a qualifying child for the child tax credit ☐

If this dependent has an ITIN issued by the IRS instead of a social security number issued by the social security administration, did they meet the substantial presence test? (see Schedule 8812 Instructions) Dependent has ITIN . . . ► ☐
☐ Yes ☐ No

► Keep for your records

Name(s) Shown on Return

juliette yeye bile & yeye bile

Social Security Number

005-67-4541

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	25,633.	22,012.	47,645.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.			
2	Total federal tax withheld	128.		128.
3 & 7	Total social security wages/tips	25,633.	22,012.	47,645.
4	Total social security tax withheld	1,589.	1,365.	2,954.
5	Total Medicare wages and tips	25,633.	22,012.	47,645.
6	Total Medicare tax withheld	372.	319.	691.
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12			
b	Elective deferrals to qualified plans			
c	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan. .			
g	Income 409A nonqual deferred comp plan. . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	Total other items from box 12			
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	This line does not apply to TurboTax			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips.			
j	Total other items from box 14			
16	Total state wages and tips	25,633.	22,012.	47,645.
17	Total state tax withheld	638.	1,591.	2,229.
19	Total local tax withheld.			

Name
yeye bileSocial Security Number
220-77-0205☒**Spouse's W-2**☐**Do not transfer this W-2 to next year****Military:** Complete **Part VI** on Page 2 below

a Employee's social security No. 220-77-0205
b Employer's ID number 26-1091992
c Employer's name, address, and ZIP code
GHC PAYROLL LLC
AGENT FOR: 7520 SURRATTS ROAD
 Street 101 EAST STATE STREET
 City KENNETT SQUARE
 State PA ZIP Code 19348
 Foreign Country _____

d Control number .0000000359TBI☐**Transfer employee information from the Federal Information Worksheet**

e Employee's name
 First yeye M.I. _____
 Last bile Suff. _____
f Employee's address and ZIP code
 Street 6906 JARRETT AVENUE
 City OXON HILL
 State MD ZIP Code 20745
 Foreign Country _____

1 Wages, tips, other compensation
22,012.18**3** Social security wages
22,012.18**5** Medicare wages and tips
22,012.18**7** Social security tips
_____Verification Code
_____**11** Nonqualified plans
_____**12** Enter box 12 below

13 ☐ Statutory employee
☐ Retirement plan
☐ Third-party sick pay

14 Enter box 14 below **after** entering boxes 18, 19, and 20.
NOTE: Enter box 15 **before** entering box 14.

2 Federal income tax withheld
_____**4** Social security tax withheld
1,364.76**6** Medicare tax withheld
319.18**8** Allocated tips
_____**10** Dependent care benefits
_____Distributions from sect. 457 and nonqualified plans
(Important, see Help)
_____**Box 12**
Code**Box 12**
Amount

If Box 12 code is:

A: Enter amount attributable to RRTA Tier 2 tax _____

M: Enter amount attributable to RRTA Tier 2 tax _____

P: Double click to link to Form 3903, line 4. . . _____

R: Enter MSA contribution for Taxpayer . . . _____

Spouse _____

W: Enter HSA contribution for Taxpayer . . . _____

Spouse _____

G: ☐ Employer is **not** a state or local government**Box 15**

State

Employer's state I.D. no.

MD14315473**Box 16**

State wages, tips, etc.

22,012.18**Box 17**

State income tax

1,590.96**Box 20**

Locality name

Box 18

Local wages, tips, etc.

Box 19

Local income tax

Associated
State**Box 14**Description or Code
on Actual Form W-2

Amount

TurboTax Identification of Description or Code
(Identify this item by selecting the identification from the drop down list. If not on the list, select Other).

Name
juliette yeye bileSocial Security Number
005-67-4541☐**Spouse's W-2****Do not transfer this W-2 to next year****Military:** Complete **Part VI** on Page 2 below**a** Employee's social security No. 005-67-4541**b** Employer's ID number 53-0196647**c** Employer's name, address, and ZIP code

THE WASHINGTON HOME

Street 3720 UPTON STREET NW

City WASHINGTON

State DC ZIP Code 20016

Foreign Country

d Control number 105011BALT/E96☐**Transfer employee information from the Federal Information Worksheet****e** Employee's name

First yeye M.I. YEYE

Last bile Suff.

f Employee's address and ZIP code

Street 6906 JARRETT AVENUE

City OXON HILL

State MD ZIP Code 20745

Foreign Country

1 Wages, tips, other compensation

23,334.05

3 Social security wages

23,334.05

5 Medicare wages and tips

23,334.05

7 Social security tips

Verification Code

6B8E-1E08-BA68-0BE4

11 Nonqualified plans**12** Enter box 12 below**13** ☐ Statutory employee☐ Retirement plan☐ Third-party sick pay**14** Enter box 14 below **after** entering boxes 18, 19, and 20.**NOTE:** Enter box 15 **before** entering box 14.**2** Federal income tax withheld

128.04

4 Social security tax withheld

1,446.71

6 Medicare tax withheld

338.34

8 Allocated tips**10** Dependent care benefits

Distributions from sect. 457 and nonqualified plans (Important, see Help)

Box 12

Code

Box 12

Amount

If Box 12 code is:

A: Enter amount attributable to RRTA Tier 2 tax

M: Enter amount attributable to RRTA Tier 2 tax

P: Double click to link to Form 3903, line 4. . .

R: Enter MSA contribution for Taxpayer . . .

Spouse . . .

W: Enter HSA contribution for Taxpayer . . .

Spouse . . .

G: ☐ Employer is **not** a state or local government**Box 15**

State

MD

Employer's state I.D. no.

02143040

Box 16

State wages, tips, etc.

23,334.05

Box 17

State income tax

563.72

Box 20

Locality name

Box 18

Local wages, tips, etc.

Box 19

Local income tax

Associated

State

Box 14

Description or Code on Actual Form W-2

Amount

TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).

Name
juliette yeye bileSocial Security Number
005-67-4541☐
☐**Spouse's W-2****Do not transfer this W-2 to next year****Military:** Complete **Part VI** on Page 2 below

a Employee's social security No. 005-67-4541
b Employer's ID number 53-0228120
c Employer's name, address, and ZIP code
ABRAHAM & LAURA LISNER HOME AKA
LISNER-LOUISE-DICKSON-HURT
 Street 5425 WESTERN AVENUE NW
 City WASHINGTON
 State DC ZIP Code 20015
 Foreign Country _____

d Control number . _____☒**Transfer employee information from the Federal Information Worksheet**

e Employee's name
 First juliette M.I. _____
 Last yeye bile Suff. _____
f Employee's address and ZIP code
 Street 6906 Jarrett Ave
 City Oxon Hill
 State MD ZIP Code 20745
 Foreign Country _____

1 Wages, tips, other compensation
743.00**3** Social security wages
743.00**5** Medicare wages and tips
743.00**7** Social security tips
_____Verification Code
_____**11** Nonqualified plans
_____**12** Enter box 12 below

13 ☐ Statutory employee
☐ Retirement plan
☐ Third-party sick pay

14 Enter box 14 below **after** entering boxes 18, 19, and 20.
NOTE: Enter box 15 **before** entering box 14.

2 Federal income tax withheld
_____**4** Social security tax withheld
46.07**6** Medicare tax withheld
10.77**8** Allocated tips
_____**10** Dependent care benefits
_____Distributions from sect. 457 and nonqualified plans
(Important, see Help)
_____**Box 12**
Code**Box 12**
Amount

If Box 12 code is:

A: Enter amount attributable to RRTA Tier 2 tax _____

M: Enter amount attributable to RRTA Tier 2 tax _____

P: Double click to link to Form 3903, line 4. . . _____

R: Enter MSA contribution for Taxpayer . . . _____

Spouse _____

W: Enter HSA contribution for Taxpayer . . . _____

Spouse _____

G: ☐ Employer is **not** a state or local government**Box 15**

State

Employer's state I.D. no.

MD04045647**Box 16**

State wages, tips, etc.

743.00**Box 17**

State income tax

49.52**Box 20**

Locality name

Box 18

Local wages, tips, etc.

Box 19

Local income tax

Associated
State**Box 14**Description or Code
on Actual Form W-2

Amount

TurboTax Identification of Description or Code
(Identify this item by selecting the identification from the drop down list. If not on the list, select Other).

Name
juliette yeye bileSocial Security Number
005-67-4541☐**Spouse's W-2****Do not transfer this W-2 to next year****Military:** Complete **Part VI** on Page 2 below**a** Employee's social security No. 005-67-4541**b** Employer's ID number 26-2331164**c** Employer's name, address, and ZIP code
MD OMG EMP LLCStreet 9211 stuart laneCity clintonState MD ZIP Code 20735

Foreign Country _____

d Control number _____☒**Transfer employee information from the Federal Information Worksheet****e** Employee's nameFirst juliette M.I. _____Last yeye bile Suff. _____**f** Employee's address and ZIP codeStreet 6906 Jarrett AveCity Oxon HillState MD ZIP Code 20745

Foreign Country _____

1 Wages, tips, other compensation1,555.50**3** Social security wages1,555.50**5** Medicare wages and tips1,555.50**7** Social security tips

Verification Code _____

11 Nonqualified plans**12** Enter box 12 below**13** ☐ Statutory employee
☐ Retirement plan
☐ Third-party sick pay**14** Enter box 14 below **after** entering boxes 18, 19, and 20.**NOTE:** Enter box 15 **before** entering box 14.**2** Federal income tax withheld**4** Social security tax withheld96.44**6** Medicare tax withheld22.55**8** Allocated tips**10** Dependent care benefitsDistributions from sect. 457 and nonqualified plans
(Important, see Help)**Box 12**
Code**Box 12**
Amount

If Box 12 code is:

A: Enter amount attributable to RRTA Tier 2 tax

M: Enter amount attributable to RRTA Tier 2 tax

P: Double click to link to Form 3903, line 4. . .

R: Enter MSA contribution for Taxpayer . . .

Spouse . . .

W: Enter HSA contribution for Taxpayer . . .

Spouse . . .

G: ☐ Employer is **not** a state or local government**Box 15**
StateMD

Employer's state I.D. no.

13276216**Box 16**

State wages, tips, etc.

1,555.50**Box 17**

State income tax

23.81**Box 20**

Locality name

Box 18

Local wages, tips, etc.

Box 19

Local income tax

Associated
State**Box 14**Description or Code
on Actual Form W-2

Amount

TurboTax Identification of Description or Code
(Identify this item by selecting the identification from the drop down list. If not on the list, select Other).

Healthcare Entry Sheet

2016

► Keep for your records

The forms associated with healthcare (8965, 8962, 1095-A, 1095-B, 1095-C, and this Healthcare Entry Sheet) all interact with information from the information worksheet. Be sure to enter all personal information including dependents listed on the return **before** using this sheet to track health insurance coverage.

Yes No/Partial

☐ ☐ Everyone on the tax return was covered by health insurance all year.

If everyone on the return was covered and there was no Market Place coverage (Form 1095-A) then check the YES box above - no other action is required. The 1095-B or 1095-C can be used to verify coverage but you do not need to enter the information if everyone on the return was covered.

Health Insurance Coverage for Individuals: Use this form to report healthcare coverage for individuals for months:

- not reported on 1095-A, 1095-B or 1095-C
- not covered by employer
- months not covered by an exemption

Note: The 1095-A information **must** be entered on Form 1095-A in order to correctly calculate any Premium Tax Credit. The 1095-B or the 1095-C months can be entered directly in the table below.

If applicable enter information on form 1095-A, Health Insurance Marketplace Statement

Note: The IRS is not requiring the 1095-B or 1095-C be filed with the returns. To track the months covered you can either enter on the 1095-B and/or 1095-C or check the boxes below

If applicable enter information on form 1095-B, Health Coverage

If applicable enter information on form 1095-C, Employer-Provided Health Insurance Offer and Coverage

If applicable enter Market Place exemptions (ECNs) or Request exemptions on form 8965

Note: Do not enter the name, SSN, or date of birth directly on the table below. Instead, enter the information at the bottom of the Personal Information Worksheet or Dependent and Nondependent Information Worksheet.

Or if you check the box at the top "Yes" that "Everyone on the tax return was covered by health insurance all year." the covered all 12 months box will be marked for all the individuals below regardless of what is entered on the Personal Information or Dependent and Nondependent Information Worksheet.

Short Gap
Eligible*
Yes No

a. Name of covered individual(s)	b. SSN	c. DOB	Covered all 12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
1 juliette yeve bile	005-67-4541	06/12/79	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	T
2 yeve bile	220-77-0205	02/26/73	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	S
3 jora yeve bile	402-85-5776	02/20/01	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1
4 laedan yeve bile	515-79-3759	06/24/02	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2
5 fidelia yeve bile	372-75-0315	04/19/06	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3
6 See Covered Individuals			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

* See help for explanation of short gap Yes/No box function. It affects the calculation of short gap coverage for January and February based on answer, which indicates whether coverage at end of prior year qualify months for short gap eligibility.

To review the detail of each person listed on the return (covered, not covered, exempt) and to see any penalty calculation go to the **Health Care Individual Responsibility Smart Worksheet** on Form 8965. ►

Completion checkbox:

☒

Check this box once you are finished with all the healthcare related entries.

1098-T
Worksheet

Tuition Statement
► Keep for your records

2016

Taxpayer's name <u>juliette yeye bile & yeye bile</u>	Social Security No. <u>005-67-4541</u>
--	---

1098-T Information (Required):

- A** A Form 1098-T was received from this institution for 2016. Yes ☐ No ☒
- B** A Form 1098-T was received from this institution for **2015** with Box 2 filled in and Box 7 checked Yes ☐ No ☒

Identify Student (Required):

- A** If student is juliette or yeye
Double-click to link this 1098-T to the applicable Taxpayer or Spouse Student Information Worksheet ► juliette
- B** If student is jora, laedan, fidelia, blessing or peyton
Double-click to link this 1098-T to the applicable Dependent Student Information Worksheet ► _____

Filer's name <u>radians college</u> Street address <u>1025 vermont avenue</u> City <u>washington</u> State <u>DC</u> Zip Code <u>20005</u> Foreign province/county _____ Foreign postal code _____ Foreign country _____		1 Payments received for qualified tuition and related expenses \$ <u>5,000.</u>	
Filer's Federal identification number <u>27-4393145</u>		Student's Taxpayer Identification Number. <u>005-67-4541</u>	
Student's name <u>juliette</u> Street address _____ Apt. No. _____ <u>6906 Jarrett Ave</u> City _____ State _____ Zip Code _____ <u>Oxon Hill</u> <u>MD</u> <u>20745</u>		4 Adjustments made for a prior year \$ _____	5 Scholarships or grants \$ _____
Service Provider/ Acct No _____		6 Adjustments to scholarships or grants for a prior year \$ _____	7 Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January - March 2017 ► <input type="checkbox"/>
8 Check if at least half-time student ► <input type="checkbox"/>		9 Checked if a graduate student . . ► <input type="checkbox"/>	10 Ins. contract reimb./refund \$ _____

Reconciliation of Box 1, Payments Received for Qualified Tuition and Related Expenses

- A** Enter box 1 amount **not** paid during 2016 0.
- B** Enter box 1 amount actually paid during 2016 5,000.

Reconciliation of Box 2, Amounts Billed for Qualified Tuition and Related Expenses

- A** Enter box 2 amount **not** paid during 2016. _____
- B** Enter box 2 amount actually paid during 2016 _____

Reconciliation of Box 5, Scholarships or Grants

- A** Enter portion of box 5 amount from veteran- or tax free employer-provided assistance _____
- B** Enter portion of box 5 amount already included in income (on Forms W-2, 1099-MISC) _____
- C** Portion of box 5 amount from scholarships or grants _____
- D** Box 5 amount includes veteran- or employer-provided educational assistance ☐

Form 1099-Q Summary**2016**

► Keep for your records

Name(s) Shown on Return

juliette yeye bile & yeye bile

Social Security No.

005-67-4541

Coverdell Educational Savings Account (ESA) Distributions**Recipient
Taxpayer****Recipient
Spouse**

- 1** Total gross distributions from box 1 of Form 1099-Q
- a** Less: Rollover to another ESA of beneficiary
- b** Less: Transfer to another family member
- c** Less: Transfer to a non-family member
- d** Less: Return of 2016 contributions
- e** Less: Return of pre 2016 contributions. These are
reported on the tax return in the year the
contribution was made, not on the 2016 tax return
- 2** Balance of gross Coverdell ESA distributions
- 3** Education expenses not used as basis for credits
- 4** Amount of ESA distributions after return of basis
- 5** Earnings on return of 2016 contributions
- 6** Earnings on non-family member transfer
- 7** Taxable amount of ESA distributions on line 2
- 8** Taxable amount included on Form 1040, line 21
- 9** Non-taxable ESA distributions

Gross State Qualified Tuition Plan (QTP) Distributions

- 10** Total gross distributions from box 1 of Form 1099-Q
- a** Less: Rollover to another QTP of beneficiary
- b** Less: Transfer to another family member
- c** Less: Transfer to a non-family member
- d** Less: Expenses refunded and recontributed
- 11** Balance of gross state QTP distributions
- 12** Earnings on state QTP distributions on line 11

Gross Private Qualified Tuition Plan (QTP) Distributions

- 13** Total gross distributions from box 1 of Form 1099-Q
- a** Less: Rollover to another QTP of beneficiary
- b** Less: Transfer to another family member
- c** Less: Transfer to a non-family member
- d** Less: Expenses refunded and recontributed
- 14** Balance of gross private QTP distributions
- 15** Earnings on private QTP distributions on line 14

Taxable Qualified Tuition Plan (QTP) Distributions

- 16** Balance of gross QTP distributions.
- 17** Earnings on QTP distributions on line 16
- 18** Education expenses not used as basis for credits
- 19** Non-taxable QTP distributions
- 20** Taxable amount of earnings on line 17
- 21** Earnings on non-family member transfer (state)
- 22** Earnings on non-family member transfer (private)
- 23** Taxable amount included on Form 1040, line 21

Qualified Tuition Plan (QTP) Distributions for Other Beneficiaries (included in page 1)

T S	Beneficiary	Distribution	Earnings	Expenses	Taxable amount	Recipient Taxpayer	Recipient Spouse
0 Total.							

Educational Savings Account (ESA) Distributions for Other Beneficiaries (included in page 1)

T S	Beneficiary	Distribution	Taxable amount	Recipient Taxpayer	Recipient Spouse
0 Total.					

Wages, Salaries, & Tips Worksheet

2016

► Keep for your records

Name(s) Shown on Return

juliette yeye bile & yeye bile

Social Security Number

005-67-4541

The following amounts are included in the total entered on line 7 of Form 1040 (or Form 1040A), on line 1 of Form 1040EZ, on line 8 of Form 1040NR:

	Taxpayer	Spouse	Total
1 Wages, from Form W-2	25,633.	22,012.	47,645.
2 Miscellaneous income, from Form 8919			
3 Items from Form 1099-R:			
a Disability before minimum retirement age			
b Return of contributions			
4 Excess reimbursement, from Form 2106			
5 a Taxable tips, from Form 4137			
b Noncash tips			
6 Excess moving expense reimbursement, from Form 3903			
7 Wages earned as a household employee (if less than \$2,000 and without a Form W-2)			
8 Items not on Form W-2 or Form 1099-R:			
a Sick pay or disability payments			
b Total foreign source income			
c Check this box if the amount on line 8b is eligible for the foreign exclusion/deduction . ► <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d Ordinary income from employer stock transactions not reported on Form W-2			
9 Other earned income			
10 Subtotal. Add lines 1 through 9	25,633.	22,012.	47,645.
11 Taxable employer-provided dependent care benefits, from Form 2441			
12 Taxable employer-provided adoption benefits less any excluded benefits from Form 8839			
13 Scholarship/fellowship income not on Form W-2			
14 Other non-earned income			
15 Total of lines 10 through 14	25,633.	22,012.	47,645.

Name as Shown on Return
juliette yeye bile & yeye bileSocial Security No.
005-67-4541

Note: • To be a qualifying child for the child tax credit, the child must be **under age 17** at the end of 2016 and meet the other requirements listed in the instructions for Form 1040 or 1040A.
• If applicable, first complete Form 2555, Foreign Earned Income and enter any exclusion of income from U.S. Possessions on the Federal Information Worksheet.

Part 1

1	Number of qualifying children: 5 X \$1,000. Enter the result	1	5,000.
2	Enter the amount from Form 1040, line 38, or Form 1040A, line 22	2	47,645.
3	1040 filers: enter the total of any — • Exclusion of income from Puerto Rico, and • Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15. }	3	0.
	1040A filers: Enter -0-.		
4	Add lines 2 and 3. Enter the total	4	47,645.
5	Enter the amount shown below for your filing status. • Married filing jointly — \$110,000 • Single, head of household, or qualifying widow(er) — \$75,000 • Married filing separately — \$55,000 }	5	110,000.
6	Is the amount on line 4 more than the amount on line 5? <input checked="" type="checkbox"/> No. Leave line 6 blank. Enter -0- on line 7. <input type="checkbox"/> Yes. Subtract line 5 from line 4 If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000. For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.	6	
7	Multiply the amount on line 6 by 5% (.05). Enter the result	7	0.
8	Is the amount on line 1 more than the amount on line 7? <input type="checkbox"/> No. Stop. You cannot take the child tax credit on Form 1040, line 52, or Form 1040A, line 35. You also cannot take the additional child tax credit on Form 1040, line 67, or Form 1040A, line 43. Complete the rest of your Form 1040 or 1040A. <input checked="" type="checkbox"/> Yes. Subtract line 7 from line 1. Enter the result. <i>Go to Part 2</i>	8	5,000.

Part 2

9	Enter the amount from Form 1040, line 47, or Form 1040A, line 30	9	668.
10	Add the amounts from — Form 1040, line 48. Form 1040, line 49, or Form 1040A, line 31 + Form 1040, line 50, or Form 1040A, line 33 + Form 1040, line 51, or Form 1040A, line 34 + Form 5695, line 30. + Form 8910, line 15. + Form 8936, line 23. + Schedule R, line 22 + Enter the total	10	668.
11	Are you claiming any of the following credits? • Mortgage interest credit, Form 8396 • Adoption Credit, Form 8839 • Residential energy efficient property credit, Form 5695, Part I • District of Columbia first-time homebuyer credit, Form 8859 <input checked="" type="checkbox"/> No. Enter the amount from line 10. <input type="checkbox"/> Yes. If you are filing Form 2555, enter the amount from line 10. Otherwise, Complete the <i>Line 11 Worksheet</i> below to figure the amount to enter here. }	11	668.
12	Subtract line 11 from line 9. Enter the result.	12	0.
13	Is the amount on line 8 of this worksheet more than the amount on line 12? <input type="checkbox"/> No. Enter the amount from line 8 <input checked="" type="checkbox"/> Yes. Enter the amount from line 12. } This is your child tax credit.	13	0.

Enter this amount on
Form 1040, line 52, or
Form 1040A, line 35.

TIP: You may be able to take the **additional child tax credit** on Form 1040, line 67, or Form 1040A, line 43, only if you answered 'Yes' on line 13.
• First, complete your Form 1040 through line 66a (also complete line 71), or Form 1040A through line 42a.
• Then, use Parts II through IV of Schedule 8812 to figure any additional child tax credit.

Schedule D
Line 19

Unrecaptured Section 1250 Gain Worksheet

2016

► Keep for your records

Name(s) Shown on Return
juliette yeye bile & yeye bile

Social Security Number
005-67-4541

		Regular Tax	Alternative Minimum Tax																								
If you are not reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10.																											
1	If you have a section 1250 property in Part III of Form 4797 for which you made an entry in Part I of Form 4797 (but not Form 6252), enter the smaller of line 22 or line 24 of Form 4797 for that property. If you did not have any such property, go to line 4.	1																									
2	Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1	2																									
3	Subtract line 2 from line 1	3																									
4	Enter the total unrecaptured section 1250 gain included on lines 26 or 37 of Form(s) 6252 from installment sales of trade or business property held more than one year	4																									
5	Enter the total of any amounts reported on a Schedule K-1 from a partnership or an S corporation as "unrecaptured section 1250 gain".	5																									
6	Add lines 3 through 5	6																									
7	Enter the smaller of line 6 or the gain from Form 4797, line 7	7																									
8	Enter the amount, if any, from Form 4797, line 8	8																									
9	Subtract line 8 from line 7. If zero or less, enter -0-	9																									
10	Enter the amount of any gain from sale of an interest in a partnership attributable to unrecaptured section 1250 gain.	10																									
11	Enter the total of any amounts reported to you as "unrecaptured section 1250 gain" from an estate, trust, real estate investment trust or mutual fund																										
	<table border="0"> <tr> <td></td> <td>Regular</td> <td>AMT</td> </tr> <tr> <td>a</td> <td>On Form 1099-DIV</td> <td></td> </tr> <tr> <td>b</td> <td>On Form 2439</td> <td></td> </tr> <tr> <td>c</td> <td>On Schedule(s) K-1</td> <td></td> </tr> <tr> <td>d</td> <td>On Form 1099-R</td> <td></td> </tr> <tr> <td>e</td> <td>From Form 8814</td> <td></td> </tr> <tr> <td>f</td> <td>Other.</td> <td></td> </tr> <tr> <td></td> <td>Total</td> <td></td> </tr> </table>		Regular	AMT	a	On Form 1099-DIV		b	On Form 2439		c	On Schedule(s) K-1		d	On Form 1099-R		e	From Form 8814		f	Other.			Total		11	
	Regular	AMT																									
a	On Form 1099-DIV																										
b	On Form 2439																										
c	On Schedule(s) K-1																										
d	On Form 1099-R																										
e	From Form 8814																										
f	Other.																										
	Total																										
12	Enter the total of any unrecaptured section 1250 gain from sales (including installment sales) or other dispositions of section 1250 property held more than 1 year for which you did not make an entry in Part I of Form 4797 for the year of sale	12																									
13	Add lines 9 through 12.	13																									
14	If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 thru 4 of the 28% Rate Gain Worksheet . Otherwise, enter -0-	14	0.																								
15	Enter the (loss), if any, from Schedule D, line 7. If Schedule D, line 7, is zero or a gain, enter -0-	15	0.																								
16	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C	16																									
a	Enter your capital gain excess, if you are filing Form 2555	a	0.																								
17	Combine lines 14 through 16a. If the result is a (loss), enter it as a positive amount. If the result is zero or a gain, enter -0-	17	0.																								
18	Unrecaptured section 1250 gain. Subtract line 17 from line 13. If zero or less, enter -0-. If more than zero, enter the result here and on Schedule D, line 19.	18																									

Schedule D
Line 18

28% Rate Gain Worksheet

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2016

Name(s) Shown on Return
juliette yeye bile & yeye bile

Social Security Number
005-67-4541

				Regular Tax	Alternative Minimum Tax
1	Enter the total of all collectibles gain or (loss) from items you reported on Form 8949, Part II	1			
2	Enter as a positive number the amount of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 50% of the gain, plus 2/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 60% of the gain, plus 1/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 75% of the gain.				
	<div style="display: flex; justify-content: space-around;"> <div>50 % Exclusion</div> <div>60 % Exclusion</div> <div>75% Exclusion</div> </div>				
a	Schedule D				
b	Form 8814				
c	Schedule B				
d	Form 6252				
e	Form 2439				
f	Other				
	Total	2			
3	Enter the total of all collectibles gain or (loss) from:				
	<div style="display: flex; justify-content: space-around;"> <div>Regular</div> <div>AMT</div> </div>				
a	Form 4684, line 4 (but only if line 15 is more than zero)				
b	Form 6252				
c	Form 6781, Part II				
d	Form 8824				
	Total	3			
4	Enter the total of any collectibles gain reported to you on:				
	<div style="display: flex; justify-content: space-around;"> <div>Regular</div> <div>AMT</div> </div>				
a	Form 1099-DIV, box 2d				
b	Form 2439, box 1d				
c	Schedule K-1 from a partnership, S corporation, estate, or trust				
d	Disposition of interest in partnership or S corporation				
e	Other				
	Total	4			
5	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C	5			
6	If Schedule D, line 7, is a (loss), enter that (loss) here. Otherwise, enter -0-	6			
7	Combine lines 1 through 6. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 18	7			
8	Enter the amount of any capital gain excess	8			0.
9	Subtract line 8 from line 7. If zero or less, enter -0-. Enter this amount on Schedule D Tax Worksheet, line 11a	9	0.		0.

Name(s) Shown on Return <u>juliette yeye bile & yeye bile</u>	Social Security Number <u>005-67-4541</u>
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1 a Enter your taxable income from Form 1040, line 43	1 a	<u>6,695.</u>	
b Enter the amount from your (and your spouse's) Form 2555, line 45	b		
c Add lines 1a and 1b	1 c	<u>6,695.</u>	
2 a Enter your qualified dividends from Form 1040, line 9b	2 a		
b Enter any capital gain excess attributable to qualified dividends	b		
c Subtract line 2b from line 2a	2 c		
3 Amount from Form 4952, line 4g	3		
4 a Amount from Form 4952, line 4e	4 a		
b Amount from the dotted line next to Form 4952, line 4e	b		
c Line 4b, if applicable, 4a, if not	c		
5 Subtract line 4c from line 3	5	<u>0.</u>	
6 Subtract line 5 from line 2c. If zero or less, enter -0-	6	<u>0.</u>	
7 a Enter line 15 of Schedule D	7 a		
b Enter line 16 of Schedule D	b		
c Enter the smaller of line 7a or line 7b	7 c	<u>0.</u>	
8 Enter the smaller of line 3 or line 4c	8		
9 a Subtract line 8 from line 7	9 a	<u>0.</u>	
b Enter any capital gain excess attributable to capital gains	b		
c Subtract line 9b from line 9a	9 c	<u>0.</u>	
10 Add lines 6 and 9c	10	<u>0.</u>	
11 a Enter the amount from Schedule D, line 18	11 a	<u>0.</u>	
b Enter the amount from Schedule D, line 19	b		
c Add lines 11a and 11b	11 c	<u>0.</u>	
12 Enter the smaller of line 9c or line 11c	12	<u>0.</u>	
13 Subtract line 12 from line 10	13	<u>0.</u>	
14 Subtract line 13 from line 1c. If zero or less, enter -0-	14	<u>6,695.</u>	
15 Enter: • \$37,650 if single or married filing separately; • \$75,300 if married filing jointly or qualifying widow(er); or • \$50,400 if head of household.	15	<u>75,300.</u>	
16 Enter the smaller of line 1c or line 15	16	<u>6,695.</u>	
17 Enter the smaller of line 14 or line 16	17	<u>6,695.</u>	
18 Subtr in 10 from in 1c. If zero or less, enter -0-	18	<u>6,695.</u>	
19 Enter the larger of line 17 or line 18	19	<u>6,695.</u>	
20 Subtract line 17 from line 16. This amount is taxed at 0% If lines 1c and 16 are the same, skip lines 21 through 41 and go to line 42. Otherwise, go to line 21.	20	<u>0.</u>	
21 Enter the smaller of line 1c or line 13	21		
22 Enter the amount from line 20 (if line 20 is blank, enter -0-)	22		
23 Subtract line 22 from line 21. If zero or less, enter -0-	23		
24 Enter: • \$415,050 if single, • \$233,475 if married filing separately, • \$466,950 if married filing jointly or qualifying widow(er), • \$441,000 if head of household.	24		
25 Enter the smaller of line 1c or line 24	25		
26 Add lines 19 and 20	26		
27 Subtract line 26 from line 25. If zero or less, enter -0-	27		
28 Enter the smaller of line 23 or line 27	28		
29 Multiply line 28 by 15% (.15)	29		
30 Add lines 22 and 28	30		
31 Subtract line 30 from line 21	31		
32 Multiply line 31 by 20% (.20)	32		
If Schedule D, line 19, is zero or blank, skip lines 33 through 38 and go to line 39. Otherwise, go to line 33.			
33 Enter the smaller of line 9c above or Schedule D, line 19	33		
34 Add lines 10 and 19	34		
35 Enter the amount from line 1c above	35		
36 Subtract line 35 from line 34. If zero or less, enter -0-	36		
37 Subtract line 36 from line 33. If zero or less, enter -0-	37		
38 Multiply line 37 by 25% (.25)	38		

If Schedule D, line 18, is zero or blank, skip lines 39 through 41 and go to line 42. Otherwise, go to line 39.

39	Add lines 19, 20, 28, 31, and 37	39	_____
40	Subtract line 39 from line 1c	40	_____
41	Multiply line 40 by 28% (.28)	41	_____
42	Figure the tax on the amount on line 19 . If the amount on line 19 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 19 is \$100,000 or more, use the Tax Computation Worksheet	42	_____ 668.
43	Add lines 29, 32, 38, 41, and 42	43	_____ 668.
44	Figure the tax on the amount on line 1c . If the amount on line 1c is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1c is \$100,000 or more, use the Tax Computation Worksheet	44	_____ 668.
45	Tax on all taxable income (including capital gains and qualified dividends). Enter the smaller of line 43 or line 44. Also include this amount on Form 1040, line 44.	45	_____ 668.

Form 1040 Qualified Dividends and Capital Gain Tax Worksheet

2016

Line 44

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Name(s) Shown on Return <u>juliette yeye bile & yeye bile</u>	Social Security Number <u>005-67-4541</u>
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1	Enter the amount from Form 1040, line 43	1	_____
2	Enter the amount from Form 1040, line 9b	2	_____
3	Are you filing Schedule D?		
	<input type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0-	3	_____
	<input type="checkbox"/> No. Enter the amount from Form 1040, line 13.		
4	Add lines 2 and 3	4	_____
5	If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0-.		
5		5	_____
6	Subtract line 5 from line 4. If zero or less, enter -0-	6	_____
7	Subtract line 6 from line 1. If zero or less, enter -0-	7	_____
8	Enter:		
	\$37,650 if single or married filing separately,	}	8 _____
	\$75,300 if married filing jointly or qualifying widow(er),		
	\$50,400 if head of household.		
9	Enter the smaller of line 1 or line 8	9	_____
10	Enter the smaller of line 7 or line 9	10	_____
11	Subtract line 10 from line 9 (this amount taxed at 0%)	11	_____
12	Enter the smaller of line 1 or line 6	12	_____
13	Enter the amount from line 11	13	_____
14	Subtract line 13 from line 12.	14	_____
15	Enter:		
	\$415,050 if single,	}	15 _____
	\$233,475 if married filing separately,		
	\$466,950 if married filing jointly or qualifying widow(er),		
	\$441,000 if head of household.		
16	Enter the smaller of line 1 or line 15	16	_____
17	Add lines 7 and 11	17	_____
18	Subtract line 17 from line 16. If zero or less, enter -0-	18	_____
19	Enter the smaller of line 14 or line 18	19	_____
20	Multiply line 19 by 15% (.15)	20	_____
21	Add lines 11 and 19	21	_____
22	Subtract line 21 from line 12	22	_____
23	Multiply line 22 by 20% (.20)	23	_____
24	Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet.		
24		24	_____
25	Add lines 20, 23, and 24	25	_____
26	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet.		
26		26	_____
27	Tax on all taxable income. Enter the smaller of line 25 or line 26 here and on Form 1040, line 44.		
27		27	_____

IRA Contributions Worksheet

2016

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Name(s) Shown on Return juliette yeye bile & yeye bile	Social Security Number 005-67-4541
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Traditional IRA Contributions

Regular Traditional IRA Contributions		Taxpayer	Spouse
1	Enter traditional IRA contributions made for 2016, including any made between 1/1/2017 and 4/18/2017, any amounts later recharacterized to a Roth IRA, and any excess contributions, but not including any rollovers. Also include any contributions to deemed IRAs under an employer plan		
2	Contributions recharacterized from a Roth IRA (from line 24) . . .		
3	Traditional IRA contributions, from Schedule(s) K-1		
4	Contributions recharacterized (not converted) to a Roth IRA . . .		
►	If there is a recharacterization indicated on line 4, an explanation must be attached to the tax return.		
5	Traditional IRA contributions. Combine lines 1 through 4		
6	Enter any contribution included on line 5 withdrawn before the due date of the tax return. <i>See Help</i>		
7	Excess traditional IRA contribution credit.		
8	Repayments of qualified reservist distributions		
9	Total traditional IRA contributions.		
Additional Traditional IRA Contribution Information		Taxpayer	Spouse
10	Check if covered by a retirement plan at work. If married filing a separate return, check box in spouse column, if applicable . . .	<input type="checkbox"/>	<input type="checkbox"/>
11	Enter any contributions included on line 9 that were made during 1/1/2017 to 4/18/2017 (<i>See Help</i>).		
12	Age 70-1/2 or older in tax year	—	—
Deductible and Non-deductible Traditional IRA Contributions		Taxpayer	Spouse
13	Deductible traditional IRA contributions from worksheet.		
14	Nondeductible traditional IRA contributions from worksheet. . . .		
	QuickZoom to worksheet indicated by the check: <input type="checkbox"/> IRA deduction worksheet ► <input type="checkbox"/> Worksheet for social security recipients ►		
15	Amount on line 13 you elect to make nondeductible		
16	Excess traditional IRA contributions, to Form 5329, line 15 Note: You may avoid a penalty by withdrawing the amount on line 16 before due date of return, including extensions.		
17	Deductible traditional IRA contributions, to Form 1040, line 32 . .		
18	Qualified reservist repayments		
19	Nondeductible traditional IRA contributions, to Form 8606, ln 1. .		

IRA Contributions Worksheet

2016

► Keep for your records

juliette yeye bile & yeye bile

005-67-4541

Page 2

Roth IRA Contributions

Regular Roth IRA Contributions		Taxpayer	Spouse
20	Enter regular Roth IRA contributions made for 2016, including any made between 1/1/2017 and 4/18/2017, any amounts later recharacterized to a traditional IRA, and any excess contributions, but not including any rollovers or conversions. Also include any contributions to deemed Roth IRAs under an employer plan.		
21	Contributions recharacterized from a traditional IRA, (from In 4). . .		
22	Roth IRA contributions, from Schedule(s) K-1		
23	Enter contributions recharacterized to a traditional IRA.		
►	If there is a recharacterization indicated on line 23, an explanation must be attached to the tax return.		
24	Disallowed Roth IRA conversions		
25	Roth IRA contributions. Combine lines 20 through 24		
26	Enter any contribution included on line 25 withdrawn before the due date of the tax return. <i>See Help</i>		
27	Excess Roth IRA contribution credit		
28	Total Roth IRA contributions		
29	Repayments of qualified Roth reservist distributions		

Roth IRA Contributions After Limitations		Taxpayer	Spouse
30	Roth IRA contributions after limitation		
31	Excess Roth IRA contributions, to Form(s) 5329, line 23		
Note: You may avoid a penalty by withdrawing the amount on line 31 before due date of return, including extensions.			

Coverdell Education Savings Account (Education IRA) Contributions

Excess Coverdell Education Savings Account Contributions		Taxpayer	Spouse
32	Enter any excess contributions made to Coverdell Education Savings Accounts (ESAs) of which you are the beneficiary.		
Note: You do not need to report any Coverdell ESA contributions which are not excess contributions..			

- Keep for your records

2016

Name(s) Shown on Return juliette yeye bile & yeye bile	Social Security Number 005-67-4541
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Estimated Tax Payments for 2016 (If more than 4 payments for any state or locality, see Tax Help)

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	04/18/16		04/18/16			04/18/16		
2	06/15/16		06/15/16			06/15/16		
3	09/15/16		09/15/16			09/15/16		
4	01/17/17		01/17/17			01/17/17		
5								
Tot Estimated Payments . . .								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)		Federal	State	ID	Local	ID
6	Overpayments applied to 2016					
7	Credited by estates and trusts					
8	Totals Lines 1 through 7					
9	2016 extensions					

Taxes Withheld From:					Federal	State	Local
10	Forms W-2				128 .	2,229 .	
11	Forms W-2G						
12	Forms 1099-R						
13	Forms 1099-MISC, 1099-K and 1099-G						
14	Schedules K-1						
15	Forms 1099-INT, DIV and OID						
16	Social Security and Railroad Benefits						
17	Form 1099-B	St		Loc			
18 a	Other withholding	St		Loc			
b	Other withholding	St		Loc			
c	Other withholding	St		Loc			
d	Positive Adjustment	St		Loc			
e	Negative Adjustment	St		Loc			
f	Additional Medicare Tax						
19	Total Withholding Lines 10 through 18f				128 .	2,229 .	
20	Total Tax Payments for 2016				128 .	2,229 .	

Prior Year Taxes Paid In 2016 (If multiple states or localities, see Tax Help)		State	ID	Local	ID
21	Tax paid with 2015 extensions				
22	2015 estimated tax paid after 12/31/2015				
23	Balance due paid with 2015 return				
24	Other (amended returns, installment payments, etc) . .				

Schedule A
Lines 5 - 12

Tax and Interest Deduction Worksheet

2016

► Keep for your records

Name(s) Shown on Return juliette yeye bile & yeye bile	Social Security Number 005-67-4541
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Tax Deductions

1 State and local taxes:

Optional Sales Tax Tables

a Available Income:

(1) Income from Form 1040, line 38.	47,645.
(2) Nontaxable income entered elsewhere on return	_____
(3) Available income: 2015 refundable credits in excess of tax.	6,245.
(4) Enter any additional nontaxable income	_____
(5) Total available income	53,890.

b Sales Tax Per State of Residence:

Enter state in column (1), then enter total (combined) state and local sales tax rate in column (4).

Arizona, Colorado, Illinois, Louisiana, Mississippi or New York only:

Double-click in column (4) to select your locality for each state entered.

(1) State	(2) Date Lived in State From	(3) Date Lived in State To	(4) Enter Total State & Local Rate (%)	(5) State Sales Tax Rate (%)	(6) Local Sales Tax Rate (%) (4) - (5)	(7) State Sales Tax Table Amount	(8) Local Sales Tax Amount	(9) Prorated or Total Amount

c Total general sales tax using tables _____

d Sales Tax Paid on Specific Items (see help):

(1) ST	(2) Total State & Local Rate	(3) Description	(4) Type	(5) Cost	(6) Rate if Different	(7) Actual Sales Tax Amount Paid	(8) Specific Item Deduction

e Total sales tax deduction on specific items _____

f Total general sales tax per tables plus sales tax on specific items _____

g Actual State and Local General Sales Tax:

Actual sales taxes (enter the total sales taxes paid during the year on all items). _____

h State and Local Income Taxes:

State and Local Income taxes 2,229.00

i State and Local Tax Deduction to Schedule A, line 5:

Greater of line 1f, line 1g, or line 1h (to Schedule A, line 5) 2,229.00

j Check a box to choose to use income taxes paid, sales taxes paid, or whichever provides the greater deduction:

Income Taxes . . ☐ Sales Taxes . . . ☐ Greater amount . ☒

2 Real estate taxes:

a Real estate taxes paid on principal residence **not** entered on Form 1098 _____

b	Real estate taxes paid on principal residence entered on Home Mortgage Int. Wks . . .	_____
c	Real estate taxes paid on additional homes or land	_____
	Personal portion of real estate taxes from Schedule E Worksheet for:	
d	Principal residence	_____
e	Vacation home	_____
f	Less real estate taxes deducted on Form 8829	_____
g	Add lines 2a through 2f (to Schedule A, line 6)	_____
3	Personal property taxes:	
a	Auto registration fees based on the value of the vehicle.	
	2015 Amount Enter 2016 description:	
	242.00 DODGE CARAVAN	_____
	_____	_____
	_____	_____
b	Non-business portion of personal property taxes from Car & Truck Exp Wks	_____
c	Other personal property taxes	_____
d	Add lines 3a through 3c (to Schedule A, line 7)	_____
4	Other taxes:	
a	Other taxes from Schedule(s) K-1	_____
b	Foreign taxes from interest and dividends	_____
c	Foreign taxes from Schedule(s) K-1	_____
d	Other foreign taxes (not used to claim a foreign tax credit)	_____
e	Other taxes.	
	2015 Amount Enter 2016 description:	
	_____	_____
	_____	_____
	_____	_____
f	Add lines 4a through 4e (to Schedule A, line 8)	_____

Interest Deductions

5	Home mortgage interest and points reported on Form 1098:	
a	Mortgage interest and points from the Home Mortgage Interest Worksheet	_____
b	Qualified mortgage interest from Schedule E Worksheet	_____
c	Less home mortgage interest/points deducted on Form 8829	_____
d	Less home mortgage interest from Form 8396, line 3	_____
e	Add lines 5a through 5d (to Sch A, line 10) or line A2 from above	_____
6	Home mortgage interest not reported on Form 1098:	
a	Mortgage interest from the Home Mortgage Interest Worksheet	_____
b	Less home mortgage interest deducted on Form 8829	_____
c	Add lines 6a and 6b (to Sch A, line 11) or line B2 from above	_____
7	Points not reported on Form 1098:	
a	Amortizable points from the Home Mortgage Interest Worksheet	_____
b	Other points not on Form 1098 from the Home Mortgage Interest Worksheet	_____
c	Less points deducted on Form 8829	_____
d	Add lines 7a through 7c (to Schedule A, line 12) or line C2 from above	_____

Schedule A
Line 5

State and Local Tax Deduction Worksheet

2016

► Keep for your records

Name(s) Shown on Return
juliette yeye bile & yeye bile

Social Security Number
005-67-4541

State and Local Income Taxes

State income taxes:		
1 State income tax withheld	1	2,229.
2 2016 state estimated taxes paid in 2016	2	
3 2015 state estimated taxes paid in 2016	3	
4 Amount paid with 2015 state application for extension	4	
5 Amount paid with 2015 state income tax return	5	
6 Overpayment on 2015 state income tax return applied to 2016 tax	6	
7 Other amounts paid in 2016 (amended returns, installment payments, etc.)	7	
8 State estimated tax from Schedule(s) K-1 (Form 1041)	8	
Local income taxes:		
9 Local income tax withheld	9	
10 2016 local estimated taxes paid in 2016	10	
11 2015 local estimated taxes paid in 2016	11	
12 Amount paid with 2015 local application for extension	12	
13 Amount paid with 2015 local income tax return	13	
14 Overpayment on 2015 local income tax return applied to 2016 tax	14	
15 Other amounts paid in 2016 (amended returns, installment payments, etc.)	15	
16 Local estimated tax from Schedule(s) K-1 (Form 1041)	16	
Other:		
17	17	
18 Total Add lines 1 through 17	18	2,229.
19 State and local refund allocated to 2016	19	
20 Nondeductible state income tax from line 28	20	
21 Total reductions Add lines 19 and 20	21	
22 Total state and local income tax deduction Line 18 less line 21	22	2,229.

Nondeductible State Income Tax (Hawaii Only)

23 Nontaxable federal employee cost of living allowance	23	
24 Adjusted gross income	24	
25 Add lines 23 and 24	25	
26 Nondeductible percent. Line 23 divided by line 25	26	%
27 Hawaii state income tax included in line 18	27	
28 Nondeductible Hawaii state income tax. Multiply line 26 by line 27.	28	

Charitable Deduction Limits Worksheet For Current Year Contributions

2016

► Keep for your records

Name(s) Shown on Return juliette yeye bile & yeye bile	Social Security Number 005-67-4541
---	---------------------------------------

Step 1. List your qualified charitable contributions made during the year.

1 RESERVED for future use

Step 2. List your other charitable contributions made during the year.

2 Enter your contributions to 50% limit organizations. Do not include contributions of capital gain property deducted at fair market value. Do not include contributions entered on line 1. . . .

3 Enter your contributions to 50% limit organizations of capital gain property deducted at fair market value

4 Enter your contributions (other than of capital gain property) to organizations that are not 50% limit organizations

5 Enter your contributions "for the use" of any qualified organization

6 Add lines 4 and 5

7 Enter your contributions of capital gain property to or for the use of any qualified organization. (But do not enter here any amount entered on line 1 or 2).

Step 3. Figure your deduction for the year and your carryover to the next year.

8 Enter your adjusted gross income 47,645.

9 Multiply line 8 by 0.5. This is your 50% limit. 23,823.

	Limits				Deduct this year	Carryover to next year
	Cash and Other		Capital gain			
	50% Org	Other	50% Org	Other		
Contributions to 50% limit organizations						
10 Enter the smaller of line 2 or line 9					0.	
11 Subtract line 10 from line 2						0.
12 Subtract line 10 from line 9			23,823.			
Contributions not to 50% limit organizations						
13 Add lines 2 and 3						
14 Multiply line 8 by 0.3. This is your 30% limit.		14,294.	14,294.			
15 Subtract line 13 from line 9		23,823.				
16 Enter the smallest of line 6, 14, or 15 . .					0.	
17 Subtract line 16 from line 6						0.
18 Subtract line 16 from line 14				14,294.		
Capital gain property to 50% limit organizations						
19 Enter the smallest of line 3, 12, or 14 . .					0.	
20 Subtract line 19 from line 3						0.
21 Subtract line 16 from line 15				23,823.		
22 Subtract line 19 from line 14				14,294.		
Capital gain property not to 50% limit organizations						
23 Multiply line 8 by 0.2. This is your 20% limit.				9,529.		
24 Enter the smaller of line 7, 18, 21, 22, or 23					0.	
25 Subtract line 24 from line 7						0.
26 Add lines 10, 16, 19, and 24. Amount for Schedule A, Line 19					0.	
27 Reserved for future use						
28 Reserved for future use						
29 Reserved for future use						
30 Add lines 11, 17, 20, and 25. Carry to next year.						0.

Charitable Deduction Limits Worksheet For Carryover Contributions

2016

► Keep for your records

Name(s) Shown on Return juliette yeye bile & yeye bile	Social Security Number 005-67-4541
---	---------------------------------------

Step 1. List your qualified charitable contributions made during the year.

1 RESERVED for future use

Step 2. List your other charitable contributions made during the year.

2 Enter your contributions to 50% limit organizations. Do not include contributions of capital gain property deducted at fair market value. Do not include contributions entered on line 1. . . .

3 Enter your contributions to 50% limit organizations of capital gain property deducted at fair market value

4 Enter your contributions (other than of capital gain property) to organizations that are not 50% limit organizations

5 Enter your contributions "for the use" of any qualified organization

6 Add lines 4 and 5

7 Enter your contributions of capital gain property to or for the use of any qualified organization. (But do not enter here any amount entered on line 1 or 2).

Step 3. Figure your deduction for the year and your carryover to the next year.

8 Enter your adjusted gross income 47,645.

9 Multiply line 8 by 0.5. This is your 50% limit. 23,823.. less. 0.

	Limits				Deduct this year	Carryover to next year
	Cash and Other		Capital gain			
	50% Org	Other	50% Org	Other		
Contributions to 50% limit organizations						
10 Enter the smaller of line 2 or line 9					0.	
11 Subtract line 10 from line 2						0.
12 Subtract line 10 from line 9			23,823.			
Contributions not to 50% limit organizations						
13 Add lines 2 and 3		0.				
14 Multiply line 8 by 0.3. This is your 30% limit.		14,294.	14,294.			
15 Subtract line 13 from line 9		23,823.				
16 Enter the smallest of line 6, 14, or 15 . .					0.	
17 Subtract line 16 from line 6						0.
18 Subtract line 16 from line 14				14,294.		
Capital gain property to 50% limit organizations						
19 Enter the smallest of line 3, 12, or 14 . .					0.	
20 Subtract line 19 from line 3						0.
21 Subtract line 16 from line 15				23,823.		
22 Subtract line 19 from line 14				14,294.		
Capital gain property not to 50% limit organizations						
23 Multiply line 8 by 0.2. This is your 20% limit.				9,529.		
24 Enter the smaller of line 7, 18, 21, 22, or 23					0.	
25 Subtract line 24 from line 7						0.
26 Add lines 10, 16, 19, and 24. Amount for Schedule A, Line 19					0.	
27 Reserved for future use						
28 Reserved for future use						
29 Reserved for future use						
30 Add lines 11, 17, 20, and 25. Carry to next year.						0.

- Keep for your records

Social Security Number
005-67-4541

Name of Charitable Organization	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) RESERVED for future use
Totals: _____				

	Total	Other Property		Capital Gain Property	
Name of Charitable Organization	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) 30% Limit	(e) 20% Limit
Totals:					

		Total	Cash and Other Non-Capital Gain Property			Capital Gain Property	
		(a) Total	(b) RESERVED	(c) 50% Limit	(d) 30% Limit	(e) 30% Limit	(f) 20% Limit
1	2016 contributions						
2	2016 contributions allowed	0 .		0 .	0 .	0 .	
3	Carryovers from:						
a	2015 tax year						
b	2014 tax year						
c	2013 tax year						
d	2012 tax year						
e	2011 tax year						
4	Carryovers allowed in 2016	0 .		0 .	0 .	0 .	
5	Carryovers disallowed in 2016	0 .		0 .	0 .	0 .	
6	Carryovers to 2017:						
a	From 2016	0 .		0 .	0 .	0 .	
b	From 2015						
c	From 2014						
d	From 2013						
e	From 2012						
f	From 2011						

1	Was the entire interest given for all property donated to all charities?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
2	Were restrictions attached to any charities's right to use or dispose of any property donated to any charity?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
3	Did you give to anyone other than the charity the right to income from any of the donated property or to possession of any of the donated property?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
4	Was any charity other than a 50% charity?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

Schedule A
Lines 21, 23, 28

Miscellaneous Itemized Deductions Worksheet

2016

► Keep for your records

Name(s) Shown on Return
juliette yeye bile & yeye bile

Social Security Number
005-67-4541

Employee Business Expenses – Subject to 2% Limitation

1	Deductible expenses from Form 2106, line 10 less deductions for performing artists and armed forces reservists claimed elsewhere	1	
2 a	Qualified Educator Expenses (from Educator Expenses Worksheet)	2a	
b	Educator Expense Deduction (from 1040, line 23)	2b	
c	Excess Educator Expenses (line 2a less line 2b)	2c	
3	Union and professional dues	3	
4	Professional subscriptions	4	
5	Uniforms and protective clothing	5	
6	Job search costs	6	
7	Other: _____ _____ _____	7	
8	Combine lines 1 through 7 (to Schedule A, line 21)	8	

Miscellaneous Expenses – Subject to 2% Limitation

Check the box in investment column if an investment expense

Investment
expense ↓

9	Depreciation and amortization deductions	<input checked="" type="checkbox"/>	9	
10	Casualty/theft losses of property used in services as an employee	<input type="checkbox"/>	10	
11	REMIC expenses, from Schedule E	<input checked="" type="checkbox"/>	11	
12	Investment expenses related to interest and dividend income	<input checked="" type="checkbox"/>	12	
13	Expenses related to portfolio income, from Schedule(s) K-1	<input checked="" type="checkbox"/>	13	
14	Miscellaneous deductions, from Schedule(s) K-1	<input type="checkbox"/>	14	
15	Excess deductions on termination, from Schedule(s) K-1	<input type="checkbox"/>	15	
16	Investment counsel and advisory fees	<input checked="" type="checkbox"/>	16	
17	Certain attorney and accounting fees	<input checked="" type="checkbox"/>	17	
18	Safe deposit box rental fees	<input checked="" type="checkbox"/>	18	
19	IRA custodial fees	<input checked="" type="checkbox"/>	19	
20	Loss incurred from total distribution of all traditional IRAs	<input type="checkbox"/>	20	
21	Loss incurred from total distribution of all Roth IRAs	<input type="checkbox"/>	21	
22	Loss incurred from final distribution of a QTP investment	<input type="checkbox"/>	22	
23	Hobby expense (limited to hobby income)	<input type="checkbox"/>	23	
24	Other: a Reserved	<input type="checkbox"/>	24	
b	_____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
25	Combine lines 9 through 24 (to Schedule A, line 23)		25	

Other Miscellaneous Deductions – Not Subject to 2% Limitation

26	Expenses related to portfolio income, from Schedule(s) K-1	<input checked="" type="checkbox"/>	26	
27	Federal estate tax paid on decedent's income reported on this return		27	
28	Impairment-related expenses of a handicapped employee, from Form 2106		28	
29	Amortizable bond premiums on bonds acquired before 10/23/86		29	
30	Gambling losses		30	
31	Deduction for repayment of amounts under claim of right if over \$3,000		31	
32	Casualty/theft losses of income-producing property		32	
33	Unrecovered investment in annuity		33	
34	Ordinary loss attributable to certain debt instruments		34	
35	Net Qualified Disaster Loss		35	
36	Combine lines 26 through 35 (to Schedule A, line 28)		36	

Schedule A
Line 29

Itemized Deductions Worksheet

2016

► Keep for your records

Name(s) Shown on Return <u>juliette yeye bile & yeye bile</u>		Social Security Number <u>005-67-4541</u>	
1	Add the amounts on Schedule A, lines 4, 9, 15, 19, 20, 27 and 28	1	<u>2,229.</u>
2	Add the amounts on Schedule A, lines 4, 14 and 20, plus any gambling and casualty or theft losses included on line 28 CAUTION: Be sure your total gambling and casualty or theft losses are clearly identified on the Miscellaneous Itemized Deductions Statement.	2	<u>0.</u>
3	Is the amount on line 2 less than the amount on line 1? <input type="checkbox"/> No. STOP. Your deduction is not limited. Enter the amount from line 1 above on Schedule A, line 29. <input checked="" type="checkbox"/> Yes. Subtract line 2 from line 1	3	<u>2,229.</u>
4	Multiply line 3 by 80% (.80)	4	<u>1,783.</u>
5	Enter the amount from Form 1040, line 38	5	<u>47,645.</u>
6	Enter \$259,400 if single; \$311,300 if married filing jointly or qualifying widow(er); \$285,350 if head of household, \$155,650 if married filing separately	6	<u>311,300.</u>
7	Is the amount on line 6 less than the amount on line 5? <input checked="" type="checkbox"/> No. STOP. Your deduction is not limited. Enter the amount from line 1 above on Schedule A, line 29. <input type="checkbox"/> Yes. Subtract line 6 from line 5	7	
8	Multiply line 7 by 3% (.03)	8	
9	Enter the smaller of line 4 or line 8	9	
10	Total itemized deductions. Subtract line 9 from line 1. (to Schedule A, line 29)	10	

Form 1040
Line 42

Deduction for Exemptions Worksheet

2016

► Keep for your records

Name(s) Shown on Return juliette yeye bile & yeye bile		Social Security Number 005-67-4541	
1	Multiply \$4,050 by the total number of exemptions claimed on Form 1040, line 6d	1	28,350.
2	Enter the amount from Form 1040, line 38	2	47,645.
3	Enter the amount shown below for your filing status: <ul style="list-style-type: none"> • Single, enter \$259,400 • Married filing jointly or qualifying widow(er), enter \$311,300 • Married filing separately, enter \$155,650 • Head of household, enter \$285,350 	3	311,300.
4	Subtract line 3 from line 2. If zero or less, stop ; enter the amount from line 1 above on Form 1040, line 42.	4	-263,655.
5	Is line 4 more than \$122,500 (\$61,250 if married filing separately)? <input type="checkbox"/> Yes. You cannot take a deduction for exemptions. Enter zero here and on Form 1040, line 42. Do not complete the rest of this worksheet. <input type="checkbox"/> No. Divide line 4 by \$2,500 (\$1,250 if married filing separately). If the result is not a whole number, increase it to the next whole number (for example, increase .0004 to 1)	5	
6	Multiply line 5 by 2% (.02) and enter the result as a decimal.	6	
7	Multiply line 1 by line 6	7	
8	Deduction for exemptions. Subtract line 7 from line 1. Enter the result here and on Form 1040, line 42	8	

Earned Income Worksheet

2016

► Keep for your records

Name(s) Shown on Return juliette yeye bile & yeye bile	Social Security Number 005-67-4541
---	---------------------------------------

Part I – Earned Income Credit Wks Computation	Taxpayer	Spouse	Total
1 If filing Schedule SE:			
a Net self-employment income			
b Optional Method and Church Employee income			
c Add lines 1a and 1b			
d One-half of self-employment tax			
e Subtract line 1d from line 1c			
2 If not required to file Schedule SE:			
a Net farm profit or (loss)			
b Net nonfarm profit or (loss)			
c Add lines 2a and 2b			
3 If filing Schedule C or C-EZ as a statutory employee, enter the amount from line 1 of that Schedule C or C-EZ			
4 Add lines 1e, 2c and 3. To EIC Wks, line 5			

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)			
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	25,633.	22,012.	47,645.
7 a Taxable employer-provided adoption benefits.			
b Foreign earned income exclusion			
8 Add lines 5 through 7b. To Form 2441, lines 19 and 20	25,633.	22,012.	47,645.
9 a Taxable dependent care benefits.			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	25,633.	22,012.	47,645.
11 Scholarship or fellowship income not on W-2			
12 SE exempt earnings less nontaxable income			
13 Distributions from nonqualified/Sec. 457 plans			
14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet	25,633.	22,012.	47,645.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	25,633.	22,012.	47,645.
17 Net self-employment loss			
18 Alimony received.			
19 Nontaxable combat pay			
20 Foreign earned income exclusion			
21 Keogh, SEP or SIMPLE deduction			
22 Combine lines 15 through 21. To IRA Wks, ln 2.	25,633.	22,012.	47,645.

Part IV – Schedule 8812 and Child Tax Credit Line 11 Worksheet Computations

23 Self-employed, church and statutory employees			
24 Wages, salaries, tips, etc	25,633.	22,012.	47,645.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2.	25,633.	22,012.	47,645.

► Keep for your records

Name(s) Shown on Return

juliette yeye bile & yeye bile

Social Security Number

005-67-4541

Investment Interest Expense (Form 4952, line 1)

1	Investment interest expense, from Schedule K-1	1	
2	Investment interest expense from royalties	2	
3	Other investment interest expense:		
a	-----	3 a	
b	-----	b	
c	-----	c	
d	-----	d	
4	Total investment interest expense. Add lines 1 through 3.	4	

Gross Income from Property Held for Investment (Form 4952, line 4a)

5	Taxable investment income:		
a	From Schedule B, Interest and Dividend Income	5 a	
b	From Schedules K-1, Partnerships, S Corporations, Estates and Trusts	b	
c	From Form 8814, Parents' Election to Report Child's Interest and Dividends	c	
d	Total	d	
6	Royalty income, from Schedule E	6	
7	Net passive income from publicly traded partnerships	7	
8	Income from nonpassive trade or business without material participation	8	
9	Other investment income:		
a	-----	9 a	
b	-----	b	
c	-----	c	
d	-----	d	
10	Total investment income. Add lines 5d through 9.	10	

Net Capital Gain Income (Form 4952, lines 4d and 4e)

		Regular Tax	Alt Min Tax
11 a	Net gains from Schedule D, line 16	11 a	
b	Less net gains from property not held for investment	b	
c	Net gains from property held for investment.	c	
12 a	Net capital gains from Schedule D, lesser of ln 15 or ln 16.	12 a	
b	Less net capital gains from property not held for investment.	b	
c	Net capital gains from property held for investment.	c	

Investment Expenses (Form 4952, line 5)

13	Royalty expenses	13	
14	Investment expenses included as itemized deductions (after the 2% limitation)	14	
15	Investment expenses included as itemized deductions (no 2% limitation)	15	
16	Expenses from nonpassive trade or business without material participation	16	
17	Other investment expenses:		
a	-----	17 a	
b	-----	b	
c	-----	c	
d	-----	d	
18	Total investment expenses. Add lines 13 through 17.	18	

Allocation of Investment Interest Expense (Schedule A, line 14)

		Regular Tax	Alt Min Tax
19	Allowed investment interest expense, Form 4952, line 8	19	
20	Less amount deducted on other forms and schedules:	20	
a	Deducted on Schedule E, page 2 for passthru entities	a	
b	Deducted on Schedule E, page 1 for royalties	b	
c	Other amounts deducted on other forms and schedules	c	
d	Total amount deducted on other forms and schedules	d	
21	Investment interest expense.	21	

Form 1040
Line 66

Earned Income Credit Worksheet

2016

► Keep for your records

Name(s) Shown on Return

juliette yeye bile & yeye bile

Social Security Number

005-67-4541

QuickZoom to Schedule EIC ►

QuickZoom to Dependent Information Worksheet to enter qualifying children information. ►

QuickZoom to Wages, Salaries, & Tips Worksheet to enter earned and non-earned income ►

QuickZoom to page 2 of this worksheet, if credit is not calculated on line 7. ►

1	Enter the amount from Form 1040 or 1040A, line 7, or Form 1040EZ, line 1, less amounts considered not earned for EIC purposes	1	47,645.
2	Adjustments to line 1 amount:		
a	Income reported as wages and as self-employment income.	2 a	
b	Other income entered as wages that is not considered earned income	b	
c	Distributions from section 457 and other nonqualified plans reported on W-2	c	
3	Subtract lines 2a, 2b and 2c from line 1	3	47,645.
4 a	Taxpayer's nontaxable combat pay election for EIC	4 a	
b	Spouse's nontaxable combat pay election for EIC	b	
c	Total nontaxable combat pay election	4 c	
5	If you were self-employed or used Schedule C or Schedule C-EZ as a statutory employee, enter the amount from the Earned Income Worksheet, line 4	5	
6	Earned income. Add lines 3, 4c, and 5	6	47,645.
7	Enter the credit, from the EIC Table , for the amount on line 6. Be sure to use the correct column for filing status and number of children.	7	1,238.
	If line 7 is zero, stop . You cannot take the credit. Enter "No" on the dotted line next to Form 1040, line 66a.		
8	Enter your AGI from Form 1040, line 38	8	47,645.
9	If you have:		
	• No qualifying children, is the amount on line 8 less than \$8,300 (\$13,850 if married filing jointly)?		
	• 1 or more qualifying children, is the amount on line 8 less than \$18,200 (\$23,750 if married filing jointly)?		
	<input type="checkbox"/> Yes. Go to line 10 now.		
	<input checked="" type="checkbox"/> No. Enter the credit, from the EIC Table , for the amount on line 8. Be sure to use the correct column for filing status and number of children	9	1,238.
10	Earned income credit.		
	• If 'Yes' on line 9, enter the amount from line 7		
	• If 'No' on line 9, enter the smaller of line 7 or line 9	10	1,238.

Enter line 10 amount on Form 1040, line 66a, Form 1040A, line 42a, or Form 1040EZ, line 8a.

Compliance and Due Diligence Information

1 Is this how long your dependents lived with you in the U.S in 2016?

- ☐ Yes, all of the above is correct.
- ☐ No, I'll go back and review my dependent information.

The IRS may ask you for documents to prove you lived with anyone you're claiming for the Earned Income Credit.

Is this where you lived with your dependents the longest in 2016?

- 2 ☐ Yes, my dependents lived with me at this address.
- ☐ No, I'd like to add an additional address where I lived with my dependents. Use the Interview to add an additional address where you lived with your dependents the longest in 2016.

Compliance and Due Diligence Indicator☒

Disqualified from Earned Income Credit.☐ Yes ☒ No

Potential qualifying child count▶ 5

Non dependent potential qualifying child count▶ 0

Qualifying child count (max 3)▶ 5

Schedule SE Adjustments Worksheet

2016

► Keep for your records

Name(s) Shown on Return <u>juliette yeye bile & yeye bile</u>	Social Security Number <u>005-67-4541</u>
--	--

	(a) Taxpayer	(b) Spouse
QuickZoom to the Short Schedule SE (Schedule SE, page 1) ►	<input type="checkbox"/>	<input type="checkbox"/>
QuickZoom to the Long Schedule SE (Schedule SE, page 2) ►	<input type="checkbox"/>	<input type="checkbox"/>
A Use Long Schedule SE, even if qualified to use Short Schedule SE .	<input type="checkbox"/>	<input type="checkbox"/>
B Approved Form 4029. Exempt from SE tax on all income	<input type="checkbox"/>	<input type="checkbox"/>
C Chapter 11 bankruptcy net profit or loss for Schedule SE, line 3 . . .		
D QuickZoom to the Explanation statement for any adjustment to SE income/loss shown on a partnership K-1. (See Help).		
Part I Farm Profit or (Loss) Schedule SE, line 1		
1 Total Schedules F		
2 Farm partnerships, Schedules K-1		
3 Other SE farm profit or (loss) (See Help)		
4 Less SE exempt farm profit or (loss) (See Help)		
5 Total for Schedule SE, line 1		
6 Conservation Reserve Program payments not subject to self- employment tax reported on:		
a Schedule F, line 4b		
b Schedule K-1 (Form 1065), box 20, code Z		
c Total CRP payments not subject to SE tax		
Part II Nonfarm Profit or (Loss) Schedule SE, line 2		
1 a Total Schedules C		
b Less SE exempt Schedules C (approved Form 4361)		
2 Nonfarm partnerships, Schedules K-1		
3 Forms 6781		
4 Other SE income reported as income on Form 1040, line 7		
5 a Clergy Form W-2 wages		
b Clergy housing allowance		
c Less clergy business deductions		
d QuickZoom to the Explanation statement for entry on line 5c.		
6 Other SE nonfarm profit or (loss) (See Help)		
7 Less other SE exempt nonfarm profit or (loss) (See Help)		
8 Total for Schedule SE, line 2		
9 Exempt Notary Public income for Schedule SE, line 3 (See Help). . .		
Part III Farm Optional Method Schedule SE, page 2, Part II		
1 Use Farm Optional Method	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross farm income from Schedules F		
3 Gross farming or fishing income from partnership Schedules K-1 . .		
4 Other gross farming or fishing self-employment income		
5 Total gross income for Farm Optional Method		
Part IV Nonfarm Optional Method Schedule SE, page 2, Part II		
1 Use Nonfarm Optional Method (Must have had net SE earnings of \$400 or more in 2 of prior 3 years and used the Nonfarm Optional Method less than 5 times)	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross nonfarm income from Schedules C		
3 Gross nonfarm income from partnership Schedules K-1		
4 Other gross nonfarm self-employment income		
5 Total gross income for Nonfarm Optional Method		

Name(s) Shown on Return <u>juliette yeye bile & yeye bile</u>	Social Security Number <u>005-67-4541</u>
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Part I Information from Form(s) 1098-E, Student Loan Interest Statement

(a) Lender's name	(b) Borrower (Taxpayer, Spouse)	(c) Borrower's social security number	(d) Prior Year Student Loan Interest	(e) Student loan interest (Box 1)
<u>direct loan subsidized</u>	<u>Taxpayer</u>	<u>005-67-4541</u>		
Total student loan interest.				

Part II Computation of Student Loan Interest Deduction

1	Enter the total interest you paid in 2016 on qualified student loans (see Form 1040 instructions).	1	
2	Enter the smaller of line 1 or \$2,500.	2	
3	Modified AGI Note: If line 3 is \$80,000 or more if single, head of household, or qualifying widow(er) or \$160,000 or more if married filing jointly, stop here . You cannot take the deduction.	3	
4	Enter: \$65,000 if single, head of household, or qualifying widow(er); \$130,000 if married filing jointly.	4	<u>130,000.</u>
5	Subtract line 4 from line 3. If zero or less, enter -0- here and on line 7, skip line 6, and go on to line 8	5	<u>0.</u>
6	Divide line 5 by \$15,000 or \$30,000 if married filing jointly. Enter the result as a decimal (rounded to at least three places)	6	<u>0.0000</u>
7	Multiply line 2 by line 6	7	
8	Student loan interest deduction. Subtract line 7 from line 2. Enter the result here and on Form 1040, line 33. Do not include this amount in figuring any other deduction on your return (such as on Schedule A, C, E, etc.)	8	

* **Modified AGI** is the amount from Form 1040, line 22, increased by any excludable income from Puerto Rico, or of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands, and foreign earned income/housing exclusion, and decreased by amounts on Form 1040, lines 23 through 32 and any write-in amount next to line 36, not including the Foreign housing deduction on line A of the Other Adjustments to Income Smart Worksheet.

Education Tuition and Fees Summary

2016

► Keep for your records

Name(s) Shown on Return

juliette yeye bile & yeye bile

Your Social Security No.

005-67-4541

Part I - Qualified Education Expense Summary

(a) Student's name First Name MI Last Name Suffix Social Security Number	(b) Qualified Education Expenses	(c) Qualified for: Yes No	(d) Elected Credit or Deduction if manual	(e) Elected Credit or Deduction if automatic
juliette	5,000.	Amer Opp Cr . . . <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
yeye bile	5,000.	Lifetime Cr . . . <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
005-67-4541	5,000.	Tuition Ded . . . <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5,000.	Total Qualified Expenses		
		Amer Opp Cr . . . <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Lifetime Cr . . . <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Tuition Ded . . . <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Total Qualified Expenses		
		Amer Opp Cr . . . <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Lifetime Cr . . . <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Tuition Ded . . . <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Total Qualified Expenses		
Total qualified expenses	5,000.	American Opportunity Credit		
	5,000.	Lifetime Learning Credit		
	5,000.	Tuition and Fees Deduction		

Part II - Optimize Education Expenses for the Lowest Tax

Automatic

1 **Launch OPTIMIZER** - Check to launch Automatic Education Expense Optimizer now ☐

2 **Automatic** - Check to use the Credit choices calculated in Part I, column (e) above ☒

or

3 **Manual** - Check to use the Credit choices you entered in Part I, column (d) above ☐

Part III - Summary of Deduction and Credits

Tuition and Fees Deduction Summary

1	Total 2016 tuition and fees paid for purposes of deduction.	1	
2	Modified adjusted gross income	2	
3	Maximum deduction allowed	3	
4	Allowable Tuition and Fees Deduction (lesser of line 1 or line 3)	4	0.

American Opportunity, Lifetime Learning Credits Summary

5	Tentative American Opportunity Credit	5	2,500.
6	Tentative Lifetime Learning Credit	6	
7	Total Education Credits (after limitations)	7	1,668.

Schedule D Tax Worksheet
as refigured for the
Alternative Minimum Tax

2016

► Keep for your records

Name(s) Shown on Return juliette yeye bile & yeye bile		Social Security Number 005-67-4541	
	(a) Before Allocation of Capital Gain Excess *	(b) Allocation of Capital Gain Excess *	(c) After Allocation of Capital Gain Excess
1 Not applicable			
2 Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT):			
a Total qualified dividends.			
b Adjustment from Schedules K-1			
c Other adjustments to qualified dividends			
d Total. Combine lines 2a, 2b, and 2c		0.	0.
3 Enter the amount from Form 4952 for AMT, line 4g.			
4 Enter the amount from Form 4952 for AMT, line 4e.			
5 Subtract line 4 from line 3. If zero or less, enter -0-	0.		0.
6 Subtract line 5 from line 2. If zero or less, enter -0-	0.		0.
7 Net long-term capital gain:			
a Enter the gain from line 15 of Schedule D as refigured for the AMT	0.		
b Enter the gain from line 16 of Schedule D as refigured for the AMT	0.		
c Enter the smaller of line 7a or line 7b	0.		0.
8 Enter the smaller of line 3 or line 4			
9 Subtract line 8 from line 7c. If zero or less, enter -0-	0.	0.	0.
10 Add lines 6 and 9	0.		0.
A Enter the amount from Form 6251, line 30.	0.		
B Capital gain excess. Subtract line A from line 10. *	0.		
11 Total 28% rate and unrecaptured section 1250 gain:			
a Enter the gain from line 18 of Schedule D as refigured for the AMT	0.		
b Enter the gain from line 19 of Schedule D as refigured for the AMT			
c Add lines 11a and 11b.			0.
12 Enter the smaller of line 9 or line 11c			0.
13 Subtract line 12 from line 10. Also enter this amount on Form 6251, line 37.			0.

* Capital gain excess applies only if filing Form 2555, Foreign Earned Income.

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Name(s) Shown on Return juliette yeye bile & yeye bile	Social Security Number 005-67-4541
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Taxable Income – Line 1

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41. Otherwise, enter the amount from Form 1040, line 38. (If less than zero, enter as a negative amount.)	1	47,645.
2	Additions to income	2	
3	Add lines 1 and 2	3	47,645.
4	Subtractions from income	4	
5	Subtract line 4 from line 3. Enter on Form 6251, line 1	5	47,645.

Taxes – Line 3

1	Generation skipping transfer taxes included on Schedule A, line 8	1	
---	---	---	--

Home Mortgage Interest Adjustment – Line 4

	(a) Deductible for AMT Purposes	(b) NOT Deductible for AMT Purposes	(c) Total Home Mortgage Interest
1 Attributable to mortgage used to purchase, build, or improve:			
a Main home or second home that is house, apartment, condominium or non-transient mobile home			
b Second home that is transient mobile home or boat			
c Total			
2 Attributable to mortgage used to refinance:			
a To pay off mortgage			
b For other purposes			
c Total			
3 Attributable to other mortgage deductible for AMT:			
a Pre-July 1, 1982 mortgage			
4 Total column (a)			
5 Total column (b). Enter result on Form 6251, line 4.			
6 Total mortgage interest from Schedule A			

Refund of Taxes – Line 7

1	Taxable refund of state and local income tax	1	0.
2	Amount and description of any refund of state and local personal property taxes, foreign income or real property taxes deducted after 1986	2	
3	Total tax refund adjustment. Enter on Form 6251, line 7	3	0.

Alternative Tax Net Operating Loss Deduction (ATNOLD) – Line 11

1	Alternative minimum taxable income (AMTI) without ATNOLD	1	47,645.
2	Enter adjustments	2	
3	Adjustment for domestic production activities deduction	3	
4	Adjusted AMTI without ATNOLD. Add lines 1-3	4	47,645.
5	ATNOLD limitation. Multiply line 4 by 90%.	5	42,881.
6	Enter ATNOL carried to 2015 from other year(s)	6	
7	Enter ATNOL included above attributable to qualified disaster losses	7	
8	ATNOL above not attributable to qualified disaster losses. Line 6 minus 7	8	
9	ATNOL deduction other than qualified disaster losses. Lesser of line 5 or 8	9	
10	ATNOL Disaster Deduction. Lesser of line 7 or (line 4 minus line 9)	10	
11	ATNOLD. Add lines 9 and 10. Enter on Form 6251, line 11, as neg.	11	

Incentive Stock Options – Line 14

1	Incentive stock options adjustment from Schedule K-1 worksheets	1	
2	Incentive stock options from Employer Stock Transaction Worksheets	2	
3	Incentive stock options from Exercise of Stock Options Worksheets	3	
4	Other incentive stock options	4	
5	Total incentive stock options. Enter on Form 6251, line 14	5	

Alternative Minimum Taxable Income – Line 28

If married filing separately and Form 6251, line 28, is more than \$247,450:		
1	Alternative minimum taxable income, Form 6251	1
2	Threshold amount	2
3	Subtract line 2 from line 1.	3
4	Multiply line 3 by 25% (.25)	4
5	Smaller of line 4 or \$41,900	5
6	Add line 1 and line 5. Enter on Form 6251, line 28.	6

Exemption – Line 29

1	Enter \$53,900 if single or head of household, \$83,800 if married filing jointly or qualifying widow(er), \$41,900 if married filing separately	1	83,800.
2	Enter your alternative minimum taxable income from Form 6251, line 28.	2	47,645.
3	Enter \$119,700 if single or head of household, \$159,700 if married filing jointly or qualifying widow(er), \$79,850 if married filing separately	3	159,700.
4	Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Multiply line 4 by 25% (.25)	5	0.
6	Subtract line 5 from line 1. If zero or less, enter -0-	6	83,800.
If any of the three conditions under Certain Children Under Age 24 apply, go to line 7. Otherwise, enter this amount on Form 6251, line 29.			
7	Minimum exemption amount for certain children under age 24	7	
8 a	Enter the child's earned income , if any	8 a	
b	Enter any adjustments.	b	
9	Add lines 7, 8a and 8b. If zero or less, enter -0-.	9	
10	Enter the smaller of line 6 or line 9 here and on Form 6251, line 29.	10	

Form 6251
Line 31

Foreign Earned Income
Alternative Minimum Tax Worksheet

2016

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Name(s) Shown on Return juliette yeye bile & yeye bile		Social Security Number 005-67-4541
1	Enter amount from Form 6251, line 30.	1
2 a	Enter amount from Form(s) 2555, lines 45 and 50	2a
b	Enter the total amount of any itemized deductions or exclusions you could not claim because they are related to excluded income	2b
c	Subtract line 2b from line 2a. If zero or less, enter 0	2c
3	Add line 1 and line 2c. Enter the result here and on Form 6251 line 36	3
4	Tax on amount on line 3. <ul style="list-style-type: none"> • If you reported capital gain distributions directly on Form 1040, line 13; or you reported qualified dividends on Form 1040, line 9b; or you had a gain on both line 15 and 16 of Schedule D (Form 1040), enter the amount from line 3 of this worksheet on Form 6251, line 36. Complete the rest of Part III of Form 6251. However, before completing Part III, see Form 2555 to see if you must complete Part III with certain modifications. Then enter the amount from Form 6251, line 64 here. • All Others: If line 3 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 3 by 26% (.26). Otherwise, multiply line 3 by 28% (.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result. 	4
5	Tax on amount on line 2c. If line 2c is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 2c by 26% (.26). Otherwise, multiply line 2c by 28% (.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result	5
6	Subtract line 5 from line 4. Enter here and on Form 6251, line 31. If zero or less, enter 0	6

Federal Carryover Worksheet

2016

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Name(s) Shown on Return juliette yeye bile & yeye bile	Social Security Number 005-67-4541
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2015 State and Local Income Tax Information (See Tax Help)

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
DC						
MD			2,019.		2,019.	
Totals . .			2,019.		2,019.	

Other Tax and Income Information

			2015	2016
1	Filing status	1	2 MFJ	2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4)	2		
3	Itemized deductions	3	2,491.	2,229.
4	Check box if required to itemize deductions	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income	5	44,718.	47,645.
6	Tax liability for Form 2210 or Form 2210-F	6	0.	0.
7	Alternative minimum tax	7		
8	Federal overpayment applied to next year estimated tax	8		

QuickZoom to the IRA Information Worksheet for IRA information ►

Excess Contributions

			2015	2016
9 a	Taxpayer's excess Archer MSA contributions as of 12/31	9 a		
b	Spouse's excess Archer MSA contributions as of 12/31	b		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31	10 a		
b	Spouse's excess Coverdell ESA contributions as of 12/31	b		
11 a	Taxpayer's excess HSA contributions as of 12/31	11 a		
b	Spouse's excess HSA contributions as of 12/31	b		

Loss and Expense Carryovers

Note: Enter all entries as a positive amount

			2015	2016
12 a	Short-term capital loss	12 a		
b	AMT Short-term capital loss	b		
13 a	Long-term capital loss	13 a		
b	AMT Long-term capital loss	b		
14 a	Net operating loss available to carry forward	14 a		
b	AMT Net operating loss available to carry forward	b		
15 a	Investment interest expense disallowed	15 a		
b	AMT Investment interest expense disallowed	b		
16	Nonrecaptured net Section 1231 losses from:	16 a		
	a 2016	b		
	b 2015	c		
	c 2014	d		
	d 2013	e		
	e 2012	f		
	f 2011			

juliette yeye bile & yeye bile

005-67-4541

Loss and Expense Carryovers (cont'd)						2015	2016
17	AMT Nonrecap'd net Sec 1231 losses from:	a	2016 . . .	17 a			
		b	2015 . . .	b			
		c	2014 . . .	c			
		d	2013 . . .	d			
		e	2012 . . .	e			
		f	2011 . . .	f			
Credit Carryovers						2015	2016
18	General business credit				18		
19	Adoption credit from:	a	2016	19 a			
		b	2015	b			
		c	2014	c			
		d	2013	d			
		e	2012	e			
20	Mortgage interest credit from:	a	2016	20 a			
		b	2015	b			
		c	2014	c			
		d	2013	d			
21	Credit for prior year minimum tax				21		
22	District of Columbia first-time homebuyer credit				22		
23	Residential energy efficient property credit				23		
Other Carryovers						2015	2016
24	Section 179 expense deduction disallowed				24		
25	Excess	a	Taxpayer (Form 2555, line 46)	25 a			
	foreign	b	Taxpayer (Form 2555, line 48)	b			
	housing	c	Spouse (Form 2555, line 46)	c			
	deduction:	d	Spouse (Form 2555, line 48)	d			
Charitable Contribution Carryovers							
26	2015 Carryover of charitable contributions from:	Other Property		Capital Gain			
		(a) 50%	(b) 30%	(c) 30%	(d) 20%		
a	2015						
b	2014						
c	2013						
d	2012						
e	2011						
27	2016 Carryover of charitable contributions from:	Other Property		Capital Gain			
		(a) 50%	(b) 30%	(c) 30%	(d) 20%		
a	2016						
b	2015						
c	2014						
d	2013						
e	2012						
28	Amount overpaid less earned income credit					6,245.	

2015 State Capital Loss Carryovers (For users **not** transferring from the prior year)

State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State

Form 8582
Line 7

Modified Adjusted Gross Income Worksheet

2016

► Keep for your records

Name(s) Shown on Return

juliette yeye bile & yeye bile

Social Security Number

005-67-4541

Description	Amount
Income	
Wages	47,645.
Interest income before Series EE bond exclusion	
Dividend income	
Tax refund	0.
Alimony received	
Nonpassive business income or loss	
Royalty and nonpassive rental activities income or loss	
Nonpassive partnership income or loss	
Nonpassive S corporation income or loss	
Nonpassive farm rental income or loss	
Nonpassive farm income or loss	
Nonpassive estate and trust income or loss	
Real estate mortgage investment conduits	
Business gains and losses from nonpassive activities	
Capital gains and losses	
Taxable IRA distributions	
Taxable pension distributions	
Unemployment compensation	
Other income	
Total income	47,645.
Adjustments	
Educator expenses	
Certain business expenses of reservists, performing artists, and government officials	
Health savings account deduction	
Moving expenses	
Self-employed SEP, SIMPLE, and qualified plans	
Self-employed health insurance deduction	
Penalty on early withdrawals of savings	
Alimony paid	
Other adjustments	
Total adjustments	
Modified adjusted gross income	47,645.

Two-Year Comparison

2016

Name(s) Shown on Return

juliette yeye bile & yeye bile

Social Security Number

Income	2015	2016	Difference	%
Wages, salaries, tips, etc	44,718.	47,645.	2,927.	6.55
Interest and dividend income				
State tax refund	0.	0.	0.	
Business income (loss)				
Capital and other gains (losses)				
IRA distributions				
Pensions and annuities				
Rents and royalties				
Partnerships, S Corps, etc				
Farm income (loss)				
Social security benefits				
Income other than the above				
Total Income	44,718.	47,645.	2,927.	6.55
Adjustments to Income				
Adjusted Gross Income	44,718.	47,645.	2,927.	6.55
Itemized Deductions				
Medical and dental		0.	0.	
Income or sales tax	2,019.	2,229.	210.	10.40
Real estate taxes				
Personal property and other taxes	472.		-472.	-100.00
Interest paid				
Gifts to charity				
Casualty and theft losses				
Miscellaneous	0.		0.	
Phaseout of itemized deductions				
Total Itemized Deductions	2,491.	2,229.	-262.	-10.52
Standard or Itemized Deduction	12,600.	12,600.	0.	0.00
Exemption Amount	28,000.	28,350.	350.	1.25
Taxable Income	4,118.	6,695.	2,577.	62.58
Income tax	413.	668.	255.	61.74
Additional income taxes				
Alternative minimum tax				
Total Income Taxes	413.	668.	255.	61.74
Nonbusiness credits	413.	668.	255.	61.74
Business credits				
Total Credits	413.	668.	255.	61.74
Self-employment tax				
Other taxes		0.	0.	
Total Tax After Credits	0.	0.	0.	
Withholding	245.	128.	-117.	-47.76
Estimated and extension payments				
Earned income credit	1,799.	1,238.	-561.	-31.18
Additional child tax credit	5,000.	5,000.	0.	0.00
Other payments	1,000.	1,000.	0.	0.00
Total Payments	8,044.	7,366.	-678.	-8.43
Form 2210 penalty				
Applied to next year's estimated tax				
Refund	8,044.	7,366.	-678.	-8.43
Balance Due				

Current year effective tax rate -15.19 %

Tax Summary
► Keep for your records

2016

Name (s)
juliette yeye bile & yeye bile

Total income	47,645.
Adjustments to income	
Adjusted gross income	47,645.
Itemized/standard deduction	12,600.
Exemption amount	28,350.
Taxable income	6,695.
Tentative tax	668.
Additional taxes	
Alternative minimum tax	
Total credits	668.
Other taxes	0.
Total tax	0.
Total payments	7,366.
Estimated tax penalty	
Amount Overpaid	7,366.
Refund	7,366.
Amount Applied to Estimate	
Balance due	0.

Which Form 1040 to file?

You must use Form 1040A or Form 1040 because
you had dependents.

Compare to U. S. Averages

► Keep for your records

2016

Name(s) Shown on Return juliette yeye bile & yeye bile	Social Security No 005-67-4541
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Your 2016 adjusted gross income (AGI) 47,645.
National adjusted gross income range used below from 30,000. to 49,999.

Note: National average amounts have been adjusted for inflation. See Help for details.

Selected Income, Deductions, and Credits	Actual Per Return	National Average
Salaries and wages	47,645.	37,099.
Taxable interest		681.
Tax-exempt interest		4,846.
Dividends		2,747.
Business net income		14,895.
Business net loss		7,512.
Net capital gain		5,117.
Net capital loss		2,277.
Taxable IRA		10,420.
Taxable pensions and annuities		17,645.
Rent and royalty net income		7,413.
Rent and royalty net loss		7,422.
Partnership and S corporation net income		16,501.
Partnership and S corporation net loss		12,603.
Taxable social security benefits		7,669.
Medical and dental expenses deduction	0.	8,291.
Taxes paid deduction	2,229.	4,139.
Interest paid deduction		6,576.
Charitable contributions deduction		2,620.
Total itemized deductions	2,229.	15,873.
Child care credit		599.
Education tax credits	668.	1,038.
Child tax credit	0.	1,008.
Retirement savings contributions credit		197.
Earned income credit	1,238.	1,601.
Other Information	Actual Per Return	National Average
Adjusted gross income	47,645.	39,578.
Taxable income	6,695.	21,935.
Income tax	668.	2,866.
Alternative minimum tax		6,775.
Total tax liability	0.	3,072.

Santa Barbara Tax Products Group LLC**and Green Dot Bank Refund Processing Agreement ("Agreement")**Name juliette yeye bile & yeye bileSocial Security No. 005-67-4541

This Agreement contains important terms, conditions and disclosures about the processing of your refund (the "Refund Processing Service") by Santa Barbara Tax Products Group, LLC ("Processor"), a third party processor using banking services of Green Dot Bank ("Bank"). Read this Agreement carefully before accepting its terms and conditions, and print a copy and/or retain this information electronically for future reference. As used in this Agreement, the words "you" and "your" refer to the applicant or both the applicant and joint applicant if the 2016 federal income tax return is a joint return (individually and collectively, "Applicant"). The words "we," "us" and "our" refer to Bank and Processor.

1. NOTICE: No Requirement To Use the Refund Processing Service In Order To File Electronically.

YOU UNDERSTAND THAT A REFUND PROCESSING FEE OF \$34.99 ("REFUND PROCESSING FEE") IS CHARGED BY PROCESSOR TO ESTABLISH A TEMPORARY ACCOUNT TO RECEIVE YOUR FEDERAL TAX REFUND, TO PROCESS IT, TO DEDUCT YOUR TURBOTAX FEES AND OTHER AUTHORIZED FEES FROM THAT ACCOUNT, AND TO FORWARD FUNDS TO YOU. THE REFUND PROCESSING FEE IS NOT A LOAN; IT IS DUE TO PROCESSOR WHETHER OR NOT THE FEDERAL TAX REFUND OCCURS BUT PROCESSOR WILL NOT PURSUE COLLECTION OF THE REFUND PROCESSING FEE IF YOUR FEDERAL TAX REFUND DOES NOT OCCUR. THIS FEE IS COLLECTED ONLY AT THE TIME THE REFUND OCCURS. YOU CAN AVOID THIS FEE AND NOT USE THE REFUND PROCESSING SERVICE BY INSTEAD PAYING THE APPLICABLE TURBOTAX FEES TO INTUIT BY CREDIT OR DEBIT CARD AT THE TIME YOU FILE YOUR 2016 FEDERAL INCOME TAX RETURN AND ELECTING TO HAVE YOUR REFUND DIRECTLY DEPOSITED IN YOUR OWN BANK ACCOUNT OR MAILED TO YOU. IF YOU DO USE THE REFUND PROCESSING SERVICE, YOU CAN EXPECT TO RECEIVE THE PROCEEDS FROM YOUR FEDERAL TAX REFUND WITHIN 21 DAYS FROM WHEN THE INTERNAL REVENUE SERVICE ("IRS") ACCEPTS YOUR RETURN UNLESS THERE ARE PROCESSING DELAYS BY THE IRS (OR UNLESS YOUR RETURN CONTAINS EARNED INCOME TAX CREDIT OR ADDITIONAL CHILD TAX CREDIT, IN WHICH CASE THE IRS WILL ISSUE YOUR REFUND NO EARLIER THAN FEBRUARY 15, 2017). THE REFUND PROCESSING SERVICE WILL NEITHER SPEED UP NOR DELAY YOUR FEDERAL TAX REFUND. THE COST OF PREPARING YOUR TAX RETURN IS NOT ANY MORE OR LESS IF YOU PURCHASE THE REFUND PROCESSING SERVICE.

2. Authorization to Release Personal Information. You authorize the IRS to disclose any information to Bank and Processor related to the funding of your 2016 federal tax refund. You also authorize Intuit, as the transmitter of your electronically filed tax return, to disclose your tax return and contact information to Bank and Processor for use in connection with the refund processing services being provided pursuant to this Agreement and Bank and Processor to share your information with Intuit. None of Intuit, Bank or Processor will disclose or use your tax return information for any other purpose, except as permitted by law. Bank and Processor will not use your tax information or contact information for any marketing purpose. Please see the Privacy Policy at the end of this Agreement describing how Bank may use or share your personal information.

3. Summary of Terms

Expected Federal Refund	\$ 7,693.00
Less Processor Refund Processing Fee	\$ 34.99
Less TurboTax Fees	\$ 0.00
Less Additional Products and Services Purchased	\$ 29.99
Expected Proceeds*	\$ 7,628.02

* These charges are itemized. This is only an estimate. The amount will be reduced by any applicable sales taxes, and if applicable, a Return Item Fee and an Account Research and Processing Fee paid to Processor as set forth in Sections 4, 6 and 7 below.

4. Temporary Deposit Account Authorization. You hereby authorize Bank to establish a temporary deposit account ("Deposit Account") for the purpose of receiving your tax year 2016 federal tax refund from the IRS. Bank or Processor must receive an acknowledgement from the IRS that your return has been electronically filed and accepted for processing before the Deposit Account can be opened. You authorize Processor to deduct from your Deposit Account the following amounts: (i) the Refund Processing Fee; (ii) the fees and charges related to the preparation, processing and transmission of your tax return ("TurboTax Fees"); and (iii) fees for Additional Products and Services Purchased, plus applicable taxes. You also authorize Bank to deduct twenty dollars (\$20.00) as a returned item processing fee (the "Return Item Fee") from your Deposit Account for the additional processing required in the event that your deposit is returned or cannot be delivered as directed in Section 7 below. A fee of \$25.00 (the "Account Research and Processing Fee") may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will

be deducted from the Deposit Account and will be retained by Processor. You authorize Bank and Processor to disburse the balance of the Deposit Account to you after making all authorized deductions or payments. If the Deposit Account does not have sufficient funds to pay the TurboTax Fees and the fees for Additional Products and Services Purchased as set forth in Section 3, (a) you authorize Bank and/or Processor to automatically deduct such fees (or any portion thereof) via ACH, electronic check, or wire transfer directly from the account into which you authorized Bank to deposit your Expected Proceeds as set forth in Section 7, and (b) if you made alternative arrangements with TurboTax for payment of such fees, those arrangements will be attempted prior to any automatic deduction.

5. Acknowledgements. (a) You understand that: (i) neither Bank nor Processor can guarantee the amount of your tax year 2016 federal tax refund or the date it will be issued, and (ii) neither Bank nor Processor is affiliated with the transmitter of the tax return (Intuit) and neither warrants the accuracy of the software used to prepare the tax return. (b) You agree that Intuit is not acting as your agent and is not under any fiduciary duty with respect to the processing of your refund by Bank and Processor. (c) Your refund may be held or returned to the IRS if it is suspected of fraud or identity theft.

6. Truth in Savings Disclosure. The Deposit Account is being opened for the purpose of receiving your (or both spouses if this is a jointly filed return) tax year 2016 federal tax refund. Processor and Bank will deduct from the Deposit Account the fees set forth in Section 3, including the 34.99 Refund Processing Fee for opening and maintaining the Deposit Account and processing your tax refund. No other deposits may be made to the Deposit Account. No withdrawals will be allowed from the Deposit Account except to collect the fees stated in this Section, Section 3, Section 7, and as provided in Section 4. No interest is payable on the deposit; thus, the annual percentage yield and interest rate are 0%. The Deposit Account will be closed after all authorized deductions have been made and any remaining balance has been disbursed to you. We will also charge a Return Item Fee of \$20.00 if the refund cannot be delivered as directed in Section 7 of this Agreement. A \$25.00 Account Research and Processing Fee may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. Questions or concerns about the Deposit Account should be directed to Santa Barbara Tax Products, Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, CA 92037 or via the Internet at <http://sbtptg.com>.

7. Disbursement Methods: You agree that the disbursement method selected below will be used by Bank and Processor to disburse funds to you.

a) ☐ Direct Deposit to Prepaid Debit Card: If you choose this option, you authorize Bank and Processor to transfer the balance of your Deposit Account to the financial institution that supports your prepaid debit card, so that the financial institution may deposit the balance of your refund, as directed by you, on the respective prepaid debit card you have selected. **Additional fees may be charged for the use of the card. Please review the cardholder agreement associated with the use of your prepaid debit card provided by the participating financial institution to learn of other fees, charges, terms and conditions that will apply. Neither Bank nor Processor will be responsible for your funds once they have been deposited with the respective financial institution.**

b) ☒ Direct Deposit to Checking or Savings Account: If you choose this option, the balance of your Deposit Account will be disbursed to you electronically by ACH direct deposit to your personal bank account designated below. If a joint return is filed, the bank account may be a joint account or the individual account of either spouse.

DIRECT DEPOSIT ACCOUNT TYPE:

☒ Checking
☐ Savings

RTN # 054000030

Account # 5347941355

Note: To ensure that there are no delays in receiving your refund, please contact your financial institution to confirm that you are using the correct RTN (routing) and account number. If you or your representative enter your account information incorrectly and your deposit is returned to Bank, the Deposit Account balance minus a \$20.00 Return Item Fee will be disbursed to you via a cashier's check mailed to your physical address of record. Bank, Processor and Intuit are not responsible for the misapplication of a direct deposit that results from error, negligence or malfeasance on the part of you or your representative. In cases where Bank has received your federal tax refund but is unable to deliver the funds directly to you, funds may be held at Bank until claimed, or returned to the IRS. An Account Research and Processing Fee of \$25.00 may be charged if we are required to provide additional processing to return the funds to the IRS. Return Item and Account Research and Processing Fees will not exceed \$45.00 in the aggregate, and will be deducted from the Deposit Account for federal tax refunds that continue to be undeliverable and unclaimed and must be returned to the IRS. These fees will be retained by Processor.

You must notify Bank in writing 3 business days prior to the account being debited to revoke the authorization for applicable fees agreed to in Section 4, and to afford Bank a reasonable opportunity to act on your request. You may notify us in writing at: Green Dot Bank, c/o Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, California 92037.

8. FEDERAL ELECTRONIC FUND TRANSFER ACT DISCLOSURES: In case of errors or questions about electronic transfers to or from the Deposit Account, write to Santa Barbara Tax Products, Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, California 92037 or telephone (877) 908-7228 and provide your name, a description or explanation of the error, and the dollar amount of the suspected error. We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 days to investigate your complaint or question. If we decide to do this, we will credit your Deposit Account within 10 business days for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your Deposit Account. For errors involving transfers of funds to or from the Deposit Account within 30 days after the first deposit to the Deposit Account was made, (i) we may take up to 90 days to investigate your complaint or question, and (ii) we may take up to 20 business days to credit your Deposit Account for the amount you think is in error. We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

Business Days: Our business days are Monday through Friday, excluding federal holidays. Saturday, Sunday, and federal holidays are not considered business days, even if we are open.

Confidentiality: We will disclose information to third parties about your account or the transfers you make:

- To complete transfers as necessary;
- To verify the existence and condition of your account upon the request of a third party, such as a credit bureau or merchant;
- To comply with government agency or court orders;
- If you give us your written permission; or
- As explained in the Privacy Policy following this Agreement.

Our Liability: If we do not complete a transfer to your account on time or in the correct amount according to this Agreement, we may be liable for your losses or damages. In addition to all other limitations of liability set forth in this Agreement, we will not be liable to you if, among other things:

- Circumstances beyond our control (natural disasters, such as fire or flood) prevent the transfer, despite reasonable precautions that have been taken.
- The funds in your account are subject to legal process or other claim restricting such transfer.
- You or your representative provide us with inaccurate information.

9. Compensation. In addition to any fees paid directly by you to Intuit, Processor will pay compensation to Intuit in consideration of Intuit's provision of various programming, testing, data processing, transmission, systems maintenance, status reporting and other software, technical and communications services. The Refund Processing Fee will be retained by Processor for its refund processing services. Processor shall pay Bank for its banking services.

10. Governing Law. The enforcement and interpretation of this Agreement and the transactions contemplated herein shall be governed by the laws of the United States, including the Electronic Signatures in Global and National Commerce Act, and, to the extent state law applies, the substantive law of Ohio.

11. Arbitration Provision. This arbitration provision is made pursuant to a transaction involving interstate commerce and shall be governed by the Federal Arbitration Act. You agree that any and all disputes which in any way arise out of or relate to this Agreement, shall be resolved solely by binding arbitration before the American Arbitration Association ("AAA") before a single arbitrator in arbitration commenced as close as possible to where you reside. Any and all disputes must be brought in the parties' individual capacity, and not as a plaintiff or class member in any purported class or representative proceeding. Judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction over the dispute. Each party to any such arbitration shall bear its own separate costs and expenses of the arbitration and shall share equally in the charges of the AAA, including the fee of the arbitrator. However, if you are unable to pay any fee of the AAA or the arbitrator, we agree to pay those fees for you. By agreeing to arbitration, you and we are waiving our rights to file a lawsuit and proceed in court and to have a jury trial to resolve disputes. The word "disputes" is given its broadest possible meaning, and includes all claims; disputes or controversies, including without limitation any claim or attempt to set aside this arbitration provision. You may choose to opt-out of this arbitration provision but *only* by following the process set forth below. If you do not wish to be subject to this arbitration provision, then you must notify us in writing within sixty (60) calendar days of the date of this Agreement at the following address: Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, CA 92037, Attn. Arbitration Opt-Out. Your written notice must include your name, address, Social Security Number, the date of this Agreement, and a statement that you wish to opt out of the arbitration provision. If you choose to opt out, then your choice will apply only to this Agreement.

12. Customer Identity Validation Disclosure: To help Bank, Processor and the government identify and fight tax refund fraud, as well as fight the funding of terrorism and money laundering activities, Bank and Processor obtain, verify, and record information that identifies each Refund Processing Service client. What this means for you: When you apply to use the Refund Processing Service for the purpose of receiving your federal tax refund, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents if we need to perform additional due diligence on your account.

YOUR AGREEMENT

Bank and Processor agree to all of the terms of this Agreement. By selecting the "I Agree" button in TurboTax: (i) You authorize Bank to receive your 2016 federal tax refund from the IRS and Processor to make the deductions from your refund described in the Agreement, (ii) You agree to receive all communications electronically in accordance with the "Communications" section of the Tax Year 2016 TurboTaxfi User Agreement, (iii) You consent to the release of your 2016 federal tax refund deposit information and application information as described in Section 2 of this Agreement; and (iv) You acknowledge that you have reviewed, and agree to be bound by, the Agreement's terms and conditions. If this is a joint return, selecting "I Agree" indicates that both spouses agree to be bound by the terms and conditions of the Agreement.

Green Dot Bank's Privacy Policy

FACTS WHAT DOES GREEN DOT BANK DO WITH YOUR PERSONAL INFORMATION?

Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.																									
What?	<p>The types of personal information that we collect and share depend on the product or service you have with us. This can include:</p> <ul style="list-style-type: none">• Social Security number and account balances• account transactions and purchase history• transaction history and overdraft history <p>When you are no longer our customer, we continue to share your information as described in this notice.</p>																									
How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Green Dot Bank chooses to share; and whether you can limit this sharing.																									
<table><tr><th>Reasons we can share your personal information</th><th>Does Green Dot Bank Share?</th><th>Can you limit this sharing?</th></tr><tr><td>For our everyday business purposes — such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus.</td><td>Yes</td><td>No</td></tr><tr><td>For our marketing purposes — to offer our products and services to you.</td><td>No</td><td>We don't share</td></tr><tr><td>For joint marketing with other financial companies.</td><td>No</td><td>We don't share</td></tr><tr><td>For our affiliates' everyday business purposes — information about your transactions and experiences.</td><td>Yes</td><td>No</td></tr><tr><td>For our affiliates' everyday business purposes — information about your creditworthiness.</td><td>No</td><td>We don't share</td></tr><tr><td>For our affiliates to market to you.</td><td>No</td><td>We don't share</td></tr><tr><td>For nonaffiliates to market to you.</td><td>No</td><td>We don't share</td></tr></table>			Reasons we can share your personal information	Does Green Dot Bank Share?	Can you limit this sharing?	For our everyday business purposes — such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus.	Yes	No	For our marketing purposes — to offer our products and services to you.	No	We don't share	For joint marketing with other financial companies.	No	We don't share	For our affiliates' everyday business purposes — information about your transactions and experiences.	Yes	No	For our affiliates' everyday business purposes — information about your creditworthiness.	No	We don't share	For our affiliates to market to you.	No	We don't share	For nonaffiliates to market to you.	No	We don't share
Reasons we can share your personal information	Does Green Dot Bank Share?	Can you limit this sharing?																								
For our everyday business purposes — such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus.	Yes	No																								
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For joint marketing with other financial companies.	No	We don't share																								
For our affiliates' everyday business purposes — information about your transactions and experiences.	Yes	No																								
For our affiliates' everyday business purposes — information about your creditworthiness.	No	We don't share																								
For our affiliates to market to you.	No	We don't share																								
For nonaffiliates to market to you.	No	We don't share																								
Questions?	Call 1-866-795-7597 or go to www.greendot.com																									

Page 2	
What we do	
How does Green Dot Bank protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does Green Dot collect my personal information?	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> • open an account or make deposits or withdrawals from your account • use your debit card or provide account information • give us your contact information <p>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> • Sharing for affiliates' everyday business purposes — information about your creditworthiness • Affiliates from using your information to market to you • Sharing for non affiliates to market to you. <p>State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.</p>
Definitions	
Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> • Our affiliates include companies with a common corporate identity of Green Dot (such as our parent bank holding company Green Dot Corporation), financial companies such as AccountNow, Inc. and tax processing services companies such as Santa Barbara Tax Products Group, LLC.
Nonaffiliates	<p>Companies not related by common ownership or control. They can be financial or nonfinancial companies.</p> <ul style="list-style-type: none"> • Green Dot Bank does not share with non affiliates so they can market to you.
Joint marketing	<p>A formal joint marketing agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> • Green Dot Bank does not jointly market
Other important information	
Depending on where you live, you may have additional privacy protections under state law. We will comply with applicable state laws before sharing nonpublic personal information about you. We may do this by sending a separate notice of those rights to you. For example, if you are a resident of California or Vermont, we will not share with nonaffiliates except for our everyday business purposes or with your consent.	

and Civista Bank Refund Processing Agreement ("Agreement")

Name _____
Social Security No. _____

This Agreement contains important terms, conditions and disclosures about the processing of your refund (the "Refund Processing Service") by Santa Barbara Tax Products Group, LLC ("Processor"), a third party processor using banking services of Civista Bank ("Bank"). Read this Agreement carefully before accepting its terms and conditions, and print a copy and/or retain this information electronically for future reference. As used in this Agreement, the words "you" and "your" refer to the applicant or both the applicant and joint applicant if the 2016 federal income tax return is a joint return (individually and collectively, "Applicant"). The words "we," "us" and "our" refer to Bank and Processor.

1. NOTICE: No Requirement To Use the Refund Processing Service In Order To File Electronically.

YOU UNDERSTAND THAT A REFUND PROCESSING FEE OF \$ _____ ("REFUND PROCESSING FEE") IS CHARGED BY PROCESSOR TO ESTABLISH A TEMPORARY ACCOUNT TO RECEIVE YOUR FEDERAL TAX REFUND, TO PROCESS IT, TO DEDUCT YOUR TURBOTAX FEES AND OTHER AUTHORIZED FEES FROM THAT ACCOUNT, AND TO FORWARD FUNDS TO YOU. THE REFUND PROCESSING FEE IS NOT A LOAN; IT IS DUE TO PROCESSOR WHETHER OR NOT THE FEDERAL TAX REFUND OCCURS BUT PROCESSOR WILL NOT PURSUE COLLECTION OF THE REFUND PROCESSING FEE IF YOUR FEDERAL TAX REFUND DOES NOT OCCUR. THIS FEE IS COLLECTED ONLY AT THE TIME THE REFUND OCCURS. YOU CAN AVOID THIS FEE AND NOT USE THE REFUND PROCESSING SERVICE BY INSTEAD PAYING THE APPLICABLE TURBOTAX FEES TO INTUIT BY CREDIT OR DEBIT CARD AT THE TIME YOU FILE YOUR 2016 FEDERAL INCOME TAX RETURN AND ELECTING TO HAVE YOUR REFUND DIRECTLY DEPOSITED IN YOUR OWN BANK ACCOUNT OR MAILED TO YOU. IF YOU DO USE THE REFUND PROCESSING SERVICE, YOU CAN EXPECT TO RECEIVE THE PROCEEDS FROM YOUR FEDERAL TAX REFUND WITHIN 21 DAYS FROM WHEN THE INTERNAL REVENUE SERVICE ("IRS") ACCEPTS YOUR RETURN UNLESS THERE ARE PROCESSING DELAYS BY THE IRS (OR UNLESS YOUR RETURN CONTAINS EARNED INCOME TAX CREDIT OR ADDITIONAL CHILD TAX CREDIT, IN WHICH CASE THE IRS WILL ISSUE YOUR REFUND NO EARLIER THAN FEBRUARY 15, 2017). THE REFUND PROCESSING SERVICE WILL NEITHER SPEED UP NOR DELAY YOUR FEDERAL TAX REFUND. THE COST OF PREPARING YOUR TAX RETURN IS NOT ANY MORE OR LESS IF YOU PURCHASE THE REFUND PROCESSING SERVICE.

2. Authorization to Release Personal Information. You authorize the IRS to disclose any information to Bank and Processor related to the funding of your 2016 federal tax refund. You also authorize Intuit, as the transmitter of your electronically filed tax return, to disclose your tax return and contact information to Bank and Processor for use in connection with the refund processing services being provided pursuant to this Agreement and Bank and Processor to share your information with Intuit. None of Intuit, Bank or Processor will disclose or use your tax return information for any other purpose, except as permitted by law. Bank and Processor will not use your tax information or contact information for any marketing purpose. Please see the Privacy Policy at the end of this Agreement describing how Bank may use or share your personal information.

3. Summary of Terms

Expected Federal Refund	\$ _____
Less Processor Refund Processing Fee	\$ _____
Less TurboTax Fees	\$ _____
Less Additional Products and Services Purchased	\$ _____
Expected Proceeds*	\$ _____

*These charges are itemized. This is only an estimate. The amount will be reduced by any applicable sales taxes, and if applicable, a Return Item Fee and an Account Research and Processing Fee paid to Processor as set forth in Sections 4, 6 and 7 below.

4. Temporary Deposit Account Authorization. You hereby authorize Bank to establish a temporary deposit account ("Deposit Account") for the purpose of receiving your tax year 2016 federal tax refund from the IRS. Bank or Processor must receive an acknowledgement from the IRS that your return has been electronically filed and accepted for processing before the Deposit Account can be opened. You authorize Processor to deduct from your Deposit Account the following amounts: (i) the Refund Processing Fee; (ii) the fees and charges related to the preparation, processing and transmission of your tax return ("TurboTax Fees"); and (iii) fees for Additional Products and Services Purchased plus applicable taxes. You also authorize Bank to deduct twenty dollars (\$20.00) as a returned item processing fee (the "Return Item Fee") from your Deposit Account for the additional processing required in the event that your deposit is returned or cannot be delivered as directed in Section 7 below. A fee of \$25.00 (the "Account Research and Processing Fee") may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. You authorize Bank and Processor to disburse the balance of the Deposit Account to you after making all authorized deductions or payments. If

the Deposit Account does not have sufficient funds to pay the TurboTax Fees and the fees for Additional Products and Services Purchased as set forth in Section 3, (a) you authorize Bank and/or Processor to automatically deduct such fees (or any portion thereof) via ACH, electronic check, or wire transfer directly from the account into which you authorized Bank to deposit your Expected Proceeds as set forth in Section 7, and (b) if you made alternative arrangements with TurboTax for payment of such fees, those arrangements will be attempted prior to any automatic deduction.

5. Acknowledgements. (a) You understand that: (i) neither Bank nor Processor can guarantee the amount of your tax year 2016 federal tax refund or the date it will be issued, and (ii) neither Bank nor Processor is affiliated with the transmitter of the tax return (Intuit) and neither warrants the accuracy of the software used to prepare the tax return. (b) You agree that Intuit is not acting as your agent and is not under any fiduciary duty with respect to the processing of your refund by Bank and Processor. (c) Your refund may be held or returned to the IRS if it is suspected of fraud or identity theft.

6. Truth in Savings Disclosure. The Deposit Account is being opened for the purpose of receiving your (or both spouses if this is a jointly filed return) tax year 2016 federal tax refund. Processor and Bank will deduct from the Deposit Account the fees set forth in Section 3, including the Refund Processing Fee for opening and maintaining the Deposit Account and processing your tax refund. No other deposits may be made to the Deposit Account. No withdrawals will be allowed from the Deposit Account except to collect the fees stated in this Section, Section 3, Section 7, and as provided in Section 4. No interest is payable on the deposit; thus, the annual percentage yield and interest rate are 0%. The Deposit Account will be closed after all authorized deductions have been made and any remaining balance has been disbursed to you. We will also charge a Return Item Fee of \$20.00 if the refund cannot be delivered as directed in Section 7 of this Agreement. A \$25.00 Account Research and Processing Fee may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. Questions or concerns about the Deposit Account should be directed to Santa Barbara Tax Products, Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, CA 92037 or via the Internet at <http://sbtg.com>.

7. Disbursement Methods: You agree that the disbursement method selected below will be used by Bank and Processor to disburse funds to you.

- a ☐ Direct Deposit to Prepaid Debit Card: If you choose this option, you authorize Bank and Processor to transfer the balance of your Deposit Account to the financial institution that supports your prepaid debit card, so that the financial institution may deposit the balance of your refund, as directed by you, on the respective prepaid debit card you have selected. **Additional fees may be charged for the use of the card. Please review the cardholder agreement associated with the use of your prepaid debit card provided by the participating financial institution to learn of other fees, charges, terms and conditions that will apply. Neither Bank nor Processor will be responsible for your funds once they have been deposited with the respective financial institution.**
- b ☐ Direct Deposit to Checking or Savings Account: If you choose this option, the balance of your Deposit Account will be disbursed to you electronically by ACH direct deposit to your personal bank account designated below. If a joint return is filed, the bank account may be a joint account or the individual account of either spouse.

DIRECT DEPOSIT ACCOUNT TYPE:

- ☐ Checking
☐ Savings

RTN # _____

Account # _____

Note: To ensure that there are no delays in receiving your refund, please contact your financial institution to confirm that you are using the correct RTN (routing) and account number. If you or your representative enter your account information incorrectly and your deposit is returned to Bank, the Deposit Account balance minus a \$20.00 Return Item Fee will be disbursed to you via a cashier's check mailed to your physical address of record. Bank, Processor and Intuit are not responsible for the misapplication of a direct deposit that results from error, negligence or malfeasance on the part of you or your representative. In cases where Bank has received your federal tax refund but is unable to deliver the funds directly to you, funds may be held at Bank until claimed, or returned to the IRS. An Account Research and Processing Fee of \$25.00 may be charged if we are required to provide additional processing to return the funds to the IRS. Return Item and Account Research and Processing Fees will not exceed \$45.00 in the aggregate, and will be deducted from the Deposit Account for federal tax refunds that continue to be undeliverable and unclaimed and must be returned to the IRS. These fees will be retained by Processor.

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8. FEDERAL ELECTRONIC FUND TRANSFER ACT DISCLOSURES: In case of errors or questions about electronic transfers to or from the Deposit Account, write to Santa Barbara Tax Products, Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, California 92037 or telephone (877) 908-7228 and provide your name, a description or explanation of the error, and the dollar amount of the suspected error. We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 days to investigate your complaint or question. If we decide to do this, we will credit your Deposit Account within 10 business days for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your Deposit Account. For errors involving transfers of funds to or from the Deposit Account within 30 days after the first deposit to the Deposit Account was made, (i) we may take up to 90 days to investigate your complaint or question, and (ii) we may take up to 20 business days to credit your Deposit Account for the amount you think is in error. We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

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Confidentiality: We will disclose information to third parties about your account or the transfers you make:

- To complete transfers as necessary;
- To verify the existence and condition of your account upon the request of a third party, such as a credit bureau or merchant;
- To comply with government agency or court orders;
- If you give us your written permission; or
- As explained in the Privacy Policy following this Agreement.

Our Liability: If we do not complete a transfer to your account on time or in the correct amount according to this Agreement, we may be liable for your losses or damages. In addition to all other limitations of liability set forth in this Agreement, we will not be liable to you if, among other things:

- Circumstances beyond our control (natural disasters, such as fire or flood) prevent the transfer, despite reasonable precautions that have been taken.
- The funds in your account are subject to legal process or other claim restricting such transfer.
- You or your representative provide us with inaccurate information.

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11. Arbitration Provision. This arbitration provision is made pursuant to a transaction involving interstate commerce and shall be governed by the Federal Arbitration Act. You agree that any and all disputes which in any way arise out of or relate to this Agreement, shall be resolved solely by binding arbitration before the American Arbitration Association ("AAA") before a single arbitrator in arbitration commenced as close as possible to where you reside. Any and all disputes must be brought in the parties' individual capacity, and not as a plaintiff or class member in any purported class or representative proceeding. Judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction over the dispute. Each party to any such arbitration shall bear its own separate costs and expenses of the arbitration and shall share equally in the charges of the AAA, including the fee of the arbitrator. However, if you are unable to pay any fee of the AAA or the arbitrator, we agree to pay those fees for you. By agreeing to arbitration, you and we are waiving our rights to file a lawsuit and proceed in court and to have a jury trial to resolve disputes. The word "disputes" is given its broadest possible meaning, and includes all claims; disputes or controversies, including without limitation any claim or attempt to set aside this arbitration provision. You may choose to opt-out of this arbitration provision but *only* by following the process set forth below. If you do not wish to be subject to this arbitration provision, then you must notify us in writing within sixty (60) calendar days of the date of this Agreement at the following address: Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, CA 92037, Attn. Arbitration Opt-Out. Your written notice must include your name, address, Social Security Number, the date of this Agreement, and a statement that you wish to opt out of the arbitration provision. If you choose to opt out, then your choice will apply only to this Agreement.

12. Customer Identity Validation Disclosure: To help Bank, Processor and the government identify and fight tax refund fraud, as well as fight the funding of terrorism and money laundering activities, Bank and Processor obtain, verify, and record information that identifies each Refund Processing Service client. What this means for you: When you apply to use the Refund Processing Service for the purpose of receiving your federal tax refund, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents if we need to perform additional due diligence on your account.

YOUR AGREEMENT Bank and Processor agree to all of the terms of this Agreement. By selecting the "I Agree" button in TurboTax: (i) You authorize Bank to receive your 2016 federal tax refund from the IRS and Processor to make the deductions from your refund described in the Agreement, (ii) You agree to receive all communications electronically in accordance with the "Communications" section of the Tax Year 2016 TurboTaxfi User Agreement, (iii) You consent to the release of your 2016 federal tax refund deposit information and application information as described in Section 2 of this Agreement; and (iv) You acknowledge that you have reviewed, and agree to be bound by, the Agreement's terms and conditions. If this is a joint return, selecting "I Agree" indicates that both spouses agree to be bound by the terms and conditions of the Agreement.

Civista Bank Tax Product Privacy Policy

FACTS What does Civista Bank do with your personal information?		
Why?	Financial Companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.	
What?	<p>The types of personal information that we collect and share depend on the product or service you have with us. This can include:</p> <ul style="list-style-type: none"> • Social Security number and account balances • payment history and transaction history • overdraft history and account transactions <p>When you are no longer our customer, we continue to share your information as described in this notice.</p>	
How?	All Financial Companies need to share customers' personal information to run their everyday business. In the section below we list the reasons financial companies can share their customers' personal information; the reasons Civista Bank chooses to share and whether you can limit the sharing.	
Reasons we can share your personal information	Does Civista Bank Share?	Can you limit this sharing?
For our everyday business purposes such as to process your transaction, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus.	Yes	No
For our marketing purposes — to offer our products and services to you.	No	We don't share
For joint marketing with other financial companies.	No	We don't share
For our affiliates' everyday business purposes — information about your transactions and experiences.	No	We don't share
For our affiliates' everyday business purposes — information about your creditworthiness.	No	We don't share
For our affiliates to market to you.	No	We don't share
For non affiliates to market to you.	No	We don't share
Questions?	Toll Free: 800-901-6663 or go to www.civistabank.com	

Who we are	
Who is providing this notice?	Civista Bank
What we do	
How does Civista Bank protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does Civista Bank collect my personal information?	We collect personal information about you when you apply for a tax related product. This includes information in your application, such as your name, address, social security number, income, deductions, refund and the like. We also collect information about your transactions with us., tax preparers and similar providers, such as payment histories, balances due, and tax information. We may also collect information concerning your credit history from a consumer reporting agency.
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only:</p> <ul style="list-style-type: none"> • Sharing for affiliates everyday business purposes — information about your creditworthiness, • Affiliates from using your information to market to you, • Sharing for non affiliates to market to you. <p>State laws and individual companies may give you additional rights to limit sharing.</p>
Definitions	
Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> • Civista Bank does not share with our affiliates.
Non affiliates	<p>Companies not related by common ownership or control. They can be financial or nonfinancial companies.</p> <ul style="list-style-type: none"> • Civista Bank does not share with non affiliates so they can market to you.
Joint Marketing	<p>A formal joint marketing agreement between non affiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> • Civista Bank does not jointly market.
Other Important Information	
This Notice is adopted in recognition of our obligations under Title V of Gramm-Leach Bliley Act of 1999.	
This Notice applies only to individuals who have applied for a tax-related bank product.	

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: juliette yeye bile & yeye bile

Primary SSN: 005-67-4541

Federal Return Submitted: February 02, 2017 04:17 PM PST

Federal Return Acceptance Date: 02/02/2017

The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 18, 2017. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on April 18, 2017, your Intuit electronic postmark will indicate April 18, 2017, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 18, 2017, and a corrected return is submitted and accepted before April 23, 2017. If your return is submitted after April 23, 2017, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 16, 2017. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 17, 2017, and the corrected return is submitted and accepted by October 20, 2017.

2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

We need your consent - Early Access

This is an IRS requirement

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

<hr/> <hr/> <hr/> <hr/>

First Name

Last Name

Please type the date below:

Date

F7216U01 SBIA5001

Read and accept this Disclosure Consent

This is an IRS requirement

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

--

Sign this agreement by entering your name:

Please type the date below:

Date

Read and accept this Disclosure Consent

This is an IRS requirement

To, enable the Tax Identity restoration protection service that you purchased as part of the MAX bundle, we need your consent to send some of your personal information to our partner, ID Notify.

Entering your name and date below allows us to disclose the data below to ID Notify's parent company, CSIdentity Corporation. With your consent, we will send the following:
First Name, Middle Initial, Last Name, Date of Birth, Phone Number, Street Address, City, State, Zip, Social Security Number, Email Address, Username, and a randomly generated Subscriber Number.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit to send my information listed above to CSIdentity Corporation.

Sign this agreement by entering your name:

Please type the date below:

Date

IMPORTANT DISCLOSURES

If you are owed a federal tax refund, you have a right to choose how you will receive the refund. There are several options available to you. Please read about these options below.

You can file your tax return electronically or by paper and obtain your refund directly from the Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2017.

You can file your tax return electronically, select the Refund Processing Service ("RPS"), and have your federal income tax refund processed through a processor using banking services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Green Dot Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon Bank's receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2017.

The RPS is not necessary to obtain your refund. If you have an existing bank account, you do not need to use the RPS in order to receive a direct deposit from the IRS. You may consult the IRS website (irs.gov) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund.

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in an income tax refund next year. Please consult your employer or tax advisor for additional details.

Information regarding low-cost deposit accounts may be available at www.mymoney.gov.

The chart below shows the options for filing your tax return (e-file or paper return), the RPS product, refund disbursement options, estimated timing for obtaining your tax refund proceeds, and costs associated with the various options.

WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks ³	Free
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks ³	
ELECTRONIC FILING (E-FILE) No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days	Free
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days ³	
ELECTRONIC FILING (E-FILE) Refund Processing Service	(a) Direct deposit to your personal bank account, or (b) Load to your prepaid card ¹ .	Usually within 21 days ³	Free option with your purchase of TurboTax Premium Services or TurboTax MAX ²

¹ You may incur additional charges from the issuer of the prepaid card if you select to have your tax refund loaded on a prepaid debit card. Bank is not affiliated with the issuer of the prepaid card.

² The cost of TurboTax Premium Services and TurboTax MAX ranges depending on the edition of TurboTax purchased. See Section 3 of the Refund Processing Agreement on the next page for the cost of the service you have chosen.

³ However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2017.

Questions? Call 1-877-908-7228

We need your consent - IRA Eligibility

This is an IRS requirement

TurboTax will use information from your tax return (your age, income, filing status and whether you're already covered by a retirement plan) so you can find IRA contribution options that help you get a tax break.

If you would like Intuit TurboTax to use your tax return information to determine whether these services are relevant to you while we are preparing your tax return, provide the information requested above, and sign and date this consent to the use of your tax return information.

If you are requesting use of personal information from a joint return, we need consent from both you and your spouse on the return.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

To agree, enter your name and date in the boxes below.

juliette

First Name

yeye bile

Last Name

Please type the date below:

01/26/2017

Date

yeye

First Name - Spouse

bile

Last Name - Spouse

Please type the date below:

01/26/2017

Date

Smart Worksheets From 2016 Federal Tax Return

SMART WORKSHEET FOR: Form 1040X: Amended Tax Return

Manual Selection of Lines Calculated Smart Worksheet	
After checking 2016 above and then making changes in your return TurboTax will determine the lines on the 1040X that should be calculated. If needed for your situation you can check the boxes below to manually determine which lines on the 1040X will calculate.	
A	<input type="checkbox"/> Lines 1-23 - Filing status/income/adjustments/itemized deduction/standard deduction
B	<input checked="" type="checkbox"/> Lines 1-30 - Exemptions
C	<input type="checkbox"/> Lines 5-23 - Tax before credits
D	<input type="checkbox"/> Lines 6-23 - Nonrefundable credits/other taxes
E	<input type="checkbox"/> Lines 10-23 - Payments and refundable credits

SMART WORKSHEET FOR: Form 1040X: Amended Tax Return

Original 2016 Return Information Smart Worksheet	
Original return filing status	
<input type="checkbox"/> Single	<input checked="" type="checkbox"/> Married filing joint return
<input type="checkbox"/> Qualifying widow(er)	<input type="checkbox"/> Head of household
<input type="checkbox"/> Married filing separate return	
Full-year coverage	
All household members have full-year minimal essential health care coverage <input type="checkbox"/> Yes	
1040 X line number	
6	Tax. Enter method used to figure tax: <u>Table</u>
16	Amount for U.S. tax paid to the Virgin Islands (Form 8689) included on Line 16 _____

SMART WORKSHEET FOR: Form 1040X: Amended Tax Return

Original 2016 Return Payments Smart Worksheet	
A	Total amount paid with request for extension of time to file. <u>0.</u>
B	Tax Paid with original return (not including penalties). <u>0.</u>
C	Additional tax paid after return was filed _____

SMART WORKSHEET FOR: Form 1040X: Amended Tax Return

Original 2016 Return Overpayment Smart Worksheet	
A	Overpayment, if any, as shown on original return or as previously adjusted by the IRS (not including penalties). <u>7,693.</u>

SMART WORKSHEET FOR: Form 1040X: Amended Tax Return

Original 2016 Return Exemptions Smart Worksheet	
A	Number of exemptions claimed on line 6d of original return <u>7</u>

SMART WORKSHEET FOR: Form 1040X: Amended Tax Return

Filing Address Smart Worksheet	
Send Form 1040X to:	<div style="border-bottom: 1px solid black; margin-bottom: 2px;">Department of the Treasury</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">Internal Revenue Service</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">Kansas City, MO 64999</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div>

SMART WORKSHEET FOR: Form 1040A: Individual Tax Return

Tax Smart Worksheet	
A	Tax 668. Check if from: <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="width: 100px; border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border: 1px solid black; padding: 2px; margin-left: 5px;">X</div> </div> <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="width: 100px; border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border: 1px solid black; padding: 2px; margin-left: 5px;"></div> </div> <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="width: 100px; border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border: 1px solid black; padding: 2px; margin-left: 5px;"></div> </div>
1	Tax table <div style="border: 1px solid black; padding: 2px; margin-left: 5px;">X</div>
2	Qualified Dividends and Capital Gain Tax Worksheet <div style="border: 1px solid black; padding: 2px; margin-left: 5px;"></div>
3	Form 8615 <div style="border: 1px solid black; padding: 2px; margin-left: 5px;"></div>
B	Recapture tax from Form 8863 <div style="border-bottom: 1px solid black; width: 100px;"></div>
C	Tax. Add lines A and B. Enter the result here and on line 28 668. <div style="border-bottom: 1px solid black; width: 100px;"></div>

 SMART WORKSHEET FOR: Form 8863: Education Credits
Nonrefundable Credit -- Form 8863, Line 19

1 Enter amount from line 18, Form 8863	1	
2 Enter amount from line 9, Form 8863	2	1,500.
3 Add lines 1 and 2	3	1,500.
4 Enter the amount from Form 1040, line 47; or Form 1040A, line 30.	4	668.
5 Enter the amount from either: Form 1040, lines 48 and 49 and the amount from Schedule R, line 22; or Form 1040A, lines 31 and 32	5	
6 Subtract line 5 from line 4.	6	668.
7 Enter the smaller of line 3 or line 6 here and on Form 8863, line 19	7	668.

SMART WORKSHEET FOR: Form 8965 Health Coverage Exemptions

Shared Responsibility Payment Worksheet

Name	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Juliette												
Blessing												
Yeye												
Maedan												
Jiora												
See Shared Responsibility Payment												
1. Total Number of X's for month. If 5 or more enter 5												
2. Total Number of X's for month for individuals 18 or over.												
3. One-half the number of X's in a month for individuals under 18												
4. Add lines 2 and 3 for each month												
5. Multiply line 4 by \$695 for each month. If \$2,085 or more, enter \$2,085												
6. Sum of the number of X's on line 1 above for the year												
7. Enter your household income											47,645.	
8. Enter your filing threshold											20,700.	
9. Subtract line 8 from line 7											26,945.	
10. Multiply Line 9 by 2.5%(.025)											674.	
11. Is line 10 more than \$2,085 <input type="checkbox"/> Yes. Multiply line 10 by the no. of months for which line 1 is more than zero <input checked="" type="checkbox"/> No. Enter the amount of line 14 of the Flat Dollar Amount Worksheet												
12. Divide line 11 by 12.0												
13. Multiply line 6 by \$223												
14. Enter the smaller of line 12 or 13 here and Form 1040, line 61; Form 1040A, line 38 or Form 1040EZ, line 11. This is your shared responsibility payment.											0.	

SMART WORKSHEET FOR: Dependent Information Worksheet (jora)

Dependency Exemption/EIC Smart Worksheet

NOTE: It is recommended that you answer the questions below using the Step-by-Step mode. That will help insure that answers to the questions are not inconsistent.

- A** How many months did this person live with you?
Note: if born or died in current year and lived with you entire time or qualified missing child select "The whole year". If more than one-half the year select 7 or more ▶ The whole year
- B** Who are the parents of this person?
 To determine if additional questions are necessary for children of divorced parents.
 Both Taxpayer and spouse ▶ ☒ ☐
 Taxpayer ▶ ☐
 Spouse ▶ ☐
- C** Did this person provide more than 1/2 their own support? . . ▶ ☐ Yes ☒ No
- D** Was this person married on December 31, 2016 and filing a joint return for the year (You may answer **no** if the only reason the joint return is filed is to get a refund of tax withheld or estimated tax payments and neither spouse would have a tax liability on their return if they filed separate returns)? ▶ ☐ Yes ☒ No
- E** Is this person a Full time student? ▶ ☐ Yes ☐ No
- F** Is this person's gross income less than \$4,050? ▶ ☐ Yes ☐ No
- 1** Did you provide over 1/2 the support for this person?
 or
 Did you provide over 10% of the support for the person and with other individuals who would be able to claim the person except for the support test over 1/2 the support and all of you have agreed that you alone will claim the person and you have filled out the Multiple Support Declaration, Form 2120, to attach to your return? ☐ Yes ☐ No
- G** Is there an agreement with this person's other parent about who can claim this person as a dependent? ▶ ☐ Yes ☐ No
Note: The noncustodial parent claiming the exemption for the child must attach to their return Form 8332 from the custodial parent releasing the claim to the exemption for the child
- H** Who will be claiming this person as a dependent as a result of
 an agreement between the parents
 or
 as a result of the rules controlling who can claim a qualifying child when the child meets the conditions to be a qualifying child of more than one person?
 Taxpayer (includes spouse if married filing joint) in this return? ▶ ☒ ☐
 Other parent in different return? ▶ ☐
 Someone else in different return? ▶ ☐

SMART WORKSHEET FOR: Dependent Information Worksheet (jora)

<p align="center">Child and Dependent Care Expenses, Form 2441, Special Situations Worksheet</p> <p>Check this box if this person is a qualifying person only for the dependent care expenses because they were not your dependent but would have been except that:</p> <p>* They received gross income greater than \$4,050 or more or</p> <p>* They filed a joint return</p>		<input type="checkbox"/>
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SMART WORKSHEET FOR: Dependent Information Worksheet (jora)

<p align="center">Child Tax Credit, Special Circumstances Worksheet</p> <p>If this dependent does not meet the substantial presence test, check if either of these special circumstances applies to them (see Schedule 8812 Instructions):</p>			
* A valid first-year election was made for this child	▶	<input type="checkbox"/> Yes	<input type="checkbox"/> No
* This is your legally adopted child and a member of your household	▶	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SMART WORKSHEET FOR: Dependent Information Worksheet (laedan)

Dependency Exemption/EIC Smart Worksheet

NOTE: It is recommended that you answer the questions below using the Step-by-Step mode. That will help insure that answers to the questions are not inconsistent.

- A** How many months did this person live with you?
Note: if born or died in current year and lived with you entire time or qualified missing child select "The whole year". If more than one-half the year select 7 or more ▶ The whole year
- B** Who are the parents of this person?
 To determine if additional questions are necessary for children of divorced parents.
 Both Taxpayer and spouse ▶ ☒ ☐
 Taxpayer ▶ ☐
 Spouse ▶ ☐
- C** Did this person provide more than 1/2 their own support? . . ▶ ☐ Yes ☒ No
- D** Was this person married on December 31, 2016 and filing a joint return for the year (You may answer **no** if the only reason the joint return is filed is to get a refund of tax withheld or estimated tax payments and neither spouse would have a tax liability on their return if they filed separate returns)? ▶ ☐ Yes ☒ No
- E** Is this person a Full time student? ▶ ☐ Yes ☐ No
- F** Is this person's gross income less than \$4,050? ▶ ☐ Yes ☐ No
- 1** Did you provide over 1/2 the support for this person?
 or
 Did you provide over 10% of the support for the person and with other individuals who would be able to claim the person except for the support test over 1/2 the support and all of you have agreed that you alone will claim the person and you have filled out the Multiple Support Declaration, Form 2120, to attach to your return? ☐ Yes ☐ No
- G** Is there an agreement with this person's other parent about who can claim this person as a dependent? ▶ ☐ Yes ☐ No
Note: The noncustodial parent claiming the exemption for the child must attach to their return Form 8332 from the custodial parent releasing the claim to the exemption for the child
- H** Who will be claiming this person as a dependent as a result of
 an agreement between the parents
 or
 as a result of the rules controlling who can claim a qualifying child when the child meets the conditions to be a qualifying child of more than one person?
 Taxpayer (includes spouse if married filing joint) in this return? ▶ ☒ ☐
 Other parent in different return? ▶ ☐
 Someone else in different return? ▶ ☐

SMART WORKSHEET FOR: Dependent Information Worksheet (laedan)

Child and Dependent Care Expenses, Form 2441, Special Situations Worksheet

Check this box if this person is a qualifying person only for the dependent care expenses because they were not your dependent but would have been except that:

* They received gross income greater than \$4,050 or more or

* They filed a joint return

☐

SMART WORKSHEET FOR: Dependent Information Worksheet (laedan)

Child Tax Credit, Special Circumstances Worksheet

If this dependent does not meet the substantial presence test, check if either of these special circumstances applies to them (see Schedule 8812 Instructions):

* A valid first-year election was made for this child ☐ Yes ☐ No

* This is your legally adopted child and a member of your household ☐ Yes ☐ No

SMART WORKSHEET FOR: Dependent Information Worksheet (fidelia)

Dependency Exemption/EIC Smart Worksheet

NOTE: It is recommended that you answer the questions below using the Step-by-Step mode. That will help insure that answers to the questions are not inconsistent.

- A** How many months did this person live with you?
Note: if born or died in current year and lived with you entire time or qualified missing child select "The whole year". If more than one-half the year select 7 or more ▶ The whole year
- B** Who are the parents of this person?
 To determine if additional questions are necessary for children of divorced parents.
 Both Taxpayer and spouse ▶ ☒ ☐
 Taxpayer ▶ ☐
 Spouse ▶ ☐
- C** Did this person provide more than 1/2 their own support? . . ▶ ☐ Yes ☒ No
- D** Was this person married on December 31, 2016 and filing a joint return for the year (You may answer **no** if the only reason the joint return is filed is to get a refund of tax withheld or estimated tax payments and neither spouse would have a tax liability on their return if they filed separate returns)? ▶ ☐ Yes ☐ No
- E** Is this person a Full time student? ▶ ☐ Yes ☐ No
- F** Is this person's gross income less than \$4,050? ▶ ☐ Yes ☐ No
- 1** Did you provide over 1/2 the support for this person?
 or
 Did you provide over 10% of the support for the person and with other individuals who would be able to claim the person except for the support test over 1/2 the support and all of you have agreed that you alone will claim the person and you have filled out the Multiple Support Declaration, Form 2120, to attach to your return? ☐ Yes ☐ No
- G** Is there an agreement with this person's other parent about who can claim this person as a dependent? ▶ ☐ Yes ☐ No
Note: The noncustodial parent claiming the exemption for the child must attach to their return Form 8332 from the custodial parent releasing the claim to the exemption for the child
- H** Who will be claiming this person as a dependent as a result of
 an agreement between the parents
 or
 as a result of the rules controlling who can claim a qualifying child when the child meets the conditions to be a qualifying child of more than one person?
 Taxpayer (includes spouse if married filing joint) in this return? ▶ ☒ ☐
 Other parent in different return? ▶ ☐
 Someone else in different return? ▶ ☐

SMART WORKSHEET FOR: Dependent Information Worksheet (fidelia)

<p align="center">Child and Dependent Care Expenses, Form 2441, Special Situations Worksheet</p> <p>Check this box if this person is a qualifying person only for the dependent care expenses because they were not your dependent but would have been except that:</p> <p>* They received gross income greater than \$4,050 or more or</p> <p>* They filed a joint return</p>		<input type="checkbox"/>
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SMART WORKSHEET FOR: Dependent Information Worksheet (fidelia)

<p align="center">Child Tax Credit, Special Circumstances Worksheet</p> <p>If this dependent does not meet the substantial presence test, check if either of these special circumstances applies to them (see Schedule 8812 Instructions):</p>			
* A valid first-year election was made for this child	▶	<input type="checkbox"/> Yes	<input type="checkbox"/> No
* This is your legally adopted child and a member of your household	▶	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SMART WORKSHEET FOR: Dependent Information Worksheet (blessing)

Dependency Exemption/EIC Smart Worksheet

NOTE: It is recommended that you answer the questions below using the Step-by-Step mode. That will help insure that answers to the questions are not inconsistent.

- A** How many months did this person live with you?
Note: if born or died in current year and lived with you entire time or qualified missing child select "The whole year". If more than one-half the year select 7 or more ▶ The whole year
- B** Who are the parents of this person?
 To determine if additional questions are necessary for children of divorced parents.
 Both Taxpayer and spouse ▶ ☒
 Taxpayer ▶ ☐
 Spouse ▶ ☐
- C** Did this person provide more than 1/2 their own support? . . ▶ ☐ Yes ☒ No
- D** Was this person married on December 31, 2016 and filing a joint return for the year (You may answer **no** if the only reason the joint return is filed is to get a refund of tax withheld or estimated tax payments and neither spouse would have a tax liability on their return if they filed separate returns)? ▶ ☐ Yes ☐ No
- E** Is this person a Full time student? ▶ ☐ Yes ☐ No
- F** Is this person's gross income less than \$4,050? ▶ ☐ Yes ☐ No
- 1** Did you provide over 1/2 the support for this person?
 or
 Did you provide over 10% of the support for the person and with other individuals who would be able to claim the person except for the support test over 1/2 the support and all of you have agreed that you alone will claim the person and you have filled out the Multiple Support Declaration, Form 2120, to attach to your return? ☐ Yes ☐ No
- G** Is there an agreement with this person's other parent about who can claim this person as a dependent? ▶ ☐ Yes ☐ No
Note: The noncustodial parent claiming the exemption for the child must attach to their return Form 8332 from the custodial parent releasing the claim to the exemption for the child
- H** Who will be claiming this person as a dependent as a result of
 an agreement between the parents
 or
 as a result of the rules controlling who can claim a qualifying child when the child meets the conditions to be a qualifying child of more than one person?
 Taxpayer (includes spouse if married filing joint) in this return? ▶ ☒
 Other parent in different return? ▶ ☐
 Someone else in different return? ▶ ☐

SMART WORKSHEET FOR: Dependent Information Worksheet (blessing)

Child and Dependent Care Expenses, Form 2441, Special Situations Worksheet

Check this box if this person is a qualifying person only for the dependent care expenses because they were not your dependent but would have been except that:

* They received gross income greater than \$4,050 or more or

* They filed a joint return

☐

SMART WORKSHEET FOR: Dependent Information Worksheet (blessing)

Child Tax Credit, Special Circumstances Worksheet

If this dependent does not meet the substantial presence test, check if either of these special circumstances applies to them (see Schedule 8812 Instructions):

* A valid first-year election was made for this child ☐ Yes ☐ No

* This is your legally adopted child and a member of your household ☐ Yes ☐ No

SMART WORKSHEET FOR: Dependent Information Worksheet (peyton)

Dependency Exemption/EIC Smart Worksheet

NOTE: It is recommended that you answer the questions below using the Step-by-Step mode. That will help insure that answers to the questions are not inconsistent.

- A** How many months did this person live with you?
Note: if born or died in current year and lived with you entire time or qualified missing child select "The whole year". If more than one-half the year select 7 or more ▶ The whole year
- B** Who are the parents of this person?
 To determine if additional questions are necessary for children of divorced parents.
 Both Taxpayer and spouse ▶ ☒ X
 Taxpayer ▶ ☐
 Spouse ▶ ☐
- C** Did this person provide more than 1/2 their own support? . . ▶ ☐ Yes ☒ No
- D** Was this person married on December 31, 2016 and filing a joint return for the year (You may answer **no** if the only reason the joint return is filed is to get a refund of tax withheld or estimated tax payments and neither spouse would have a tax liability on their return if they filed separate returns)? ▶ ☐ Yes ☐ No
- E** Is this person a Full time student? ▶ ☐ Yes ☐ No
- F** Is this person's gross income less than \$4,050? ▶ ☐ Yes ☐ No
- 1** Did you provide over 1/2 the support for this person?
 or
 Did you provide over 10% of the support for the person and with other individuals who would be able to claim the person except for the support test over 1/2 the support and all of you have agreed that you alone will claim the person and you have filled out the Multiple Support Declaration, Form 2120, to attach to your return? ☐ Yes ☐ No
- G** Is there an agreement with this person's other parent about who can claim this person as a dependent? ▶ ☐ Yes ☐ No
Note: The noncustodial parent claiming the exemption for the child must attach to their return Form 8332 from the custodial parent releasing the claim to the exemption for the child
- H** Who will be claiming this person as a dependent as a result of
 an agreement between the parents
 or
 as a result of the rules controlling who can claim a qualifying child when the child meets the conditions to be a qualifying child of more than one person?
 Taxpayer (includes spouse if married filing joint) in this return? ▶ ☒ X
 Other parent in different return? ▶ ☐
 Someone else in different return? ▶ ☐

SMART WORKSHEET FOR: Dependent Information Worksheet (peyton)

<p align="center">Child and Dependent Care Expenses, Form 2441, Special Situations Worksheet</p> <p>Check this box if this person is a qualifying person only for the dependent care expenses because they were not your dependent but would have been except that:</p> <p>* They received gross income greater than \$4,050 or more or</p> <p>* They filed a joint return</p> <p align="right"><input type="checkbox"/></p>	
---	--

SMART WORKSHEET FOR: Dependent Information Worksheet (peyton)

<p align="center">Child Tax Credit, Special Circumstances Worksheet</p> <p>If this dependent does not meet the substantial presence test, check if either of these special circumstances applies to them (see Schedule 8812 Instructions):</p> <p>* A valid first-year election was made for this child <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>* This is your legally adopted child and a member of your household <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
---	--

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 1)

<p align="center">Substitute Form W-2 Smart Worksheet</p>	
A	Treat as substitute W-2 and generate a form 4852 <input type="checkbox"/>
B	Linked substitute W-2 Form 4852 <input type="checkbox"/>
C	Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"

D	Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"

E	QuickZoom to completed Form 4852 for reference <input type="checkbox"/>

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 2)

Substitute Form W-2 Smart Worksheet	
A	Treat as substitute W-2 and generate a form 4852 <input type="checkbox"/>
B	Linked substitute W-2 Form 4852 ▶ _____
C	Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"

D	Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"

E	QuickZoom to completed Form 4852 for reference ▶ _____

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 3)

Substitute Form W-2 Smart Worksheet	
A	Treat as substitute W-2 and generate a form 4852 <input type="checkbox"/>
B	Linked substitute W-2 Form 4852 ▶ _____
C	Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"

D	Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"

E	QuickZoom to completed Form 4852 for reference ▶ _____

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 4)

Substitute Form W-2 Smart Worksheet	
A	Treat as substitute W-2 and generate a form 4852 <input type="checkbox"/>
B	Linked substitute W-2 Form 4852 ▶ _____
C	Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"

D	Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"

E	QuickZoom to completed Form 4852 for reference ▶ _____

SMART WORKSHEET FOR: Tax and Interest Deduction Worksheet

Mortgage Interest Limited Smart Worksheet

When mortgage interest is limited because the principal amount of the mortgage is over one million dollars or the home equity debt amount is over one-hundred-thousand dollars, use the Deductible Home Mortgage Interest Worksheet to determine the amount to be reported on lines **A**, **B**, and **C** below.

QuickZoom to Deductible Home Mortgage Interest Worksheet ▶

Does your mortgage interest need to be limited: Yes . . . ☐ No . . . ☐

A Home mortgage interest and points reported on Form 1098:

- 1 Sum of lines 5a through 5d below _____
- 2 Limited amount to report on Sch A, line 10 _____

B Home mortgage interest not reported on Form 1098:

- 1 Sum of lines 6a and 6b below _____
- 2 Limited amount to report on Sch A, line 11 _____

C Points not reported on Form 1098:

- 1 Sum of lines 7a through 7c below _____
- 2 Limited amount to report on Sch A, line 12 _____

SMART WORKSHEET FOR: Misc Itemized Deductions Wks

Depreciation Smart Worksheet

- A** Enter Section 179 carryover from prior year _____
- B** **QuickZoom** to the Asset Entry Worksheet ▶
- C** **QuickZoom** to the Depreciation/Amortization Reports ▶
- D** **QuickZoom** to Form 4562 for Schedule A ▶
- E** Treat all MACRS assets for activity as qualified Indian reservation property? . . . ☐ Yes ☒ No
- F** Treat all assets acquired after Aug. 27, 2005 as
qualified GO Zone property? ☐ Regular ☐ Extension ☒ No
- G** Treat all assets acquired after May 4, 2007 as
qualified Kansas Disaster Zone property? ☐ Yes ☒ No
- H** Was this property located in a Qualified Disaster Area? ☐ Yes ☒ No

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Nontaxable Combat Pay Election Smart Worksheet**QuickZoom** to enter nontaxable combat pay on Form W-2 ►**A Taxpayer:**

1 Taxpayer, nontaxable combat pay

2 Election for earned income credit (EIC):Elect taxpayer's nontaxable combat pay as earned income for EIC? ☐ Yes ☐ No**3 Election for dependent care benefits (DCB):**Elect taxpayer's nontaxable combat pay as earned income for DCB? ☐ Yes ☐ No**4 Election for child and dependent care credit:**Elect taxpayer's nontaxable combat pay as earned income
for child and dependent care credit? ☐ Yes ☐ No**B Spouse:**

1 Spouse, nontaxable combat pay

2 Election for earned income credit (EIC):Elect spouse's nontaxable combat pay as earned income for EIC? ☐ Yes ☐ No**3 Election for dependent care benefits (DCB):**Elect spouse's nontaxable combat pay as earned income for DCB? ☐ Yes ☐ No**4 Election for child and dependent care credit:**Elect spouse's nontaxable combat pay as earned income
for child and dependent care credit? ☐ Yes ☐ No**C** You may compare the tax benefit of electing or not electing by checking a box on line A or
line B and reviewing the overpayment or amount due below:Overpayment 7,366.

Amount due _____

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Investment Income Smart Worksheet**A** Taxable and tax exempt interest**B** Dividend income**C** Capital gain net **income****D** Royalty and rental of personal property net **income****E** Passive activity net **income**:

1 Rental real estate net income or loss

2 Farm rental net income or loss

3 Partnerships and S corporations net income or loss

4 Estates and trusts net income or loss

5 Total of lines 1 through 4

6 Total passive activity net **income**, line 5 if greater than zero**F** Interest and dividends from Forms 8814**G** Adjustments**H** **Total investment income**, add lines A through G 0.Is line H, **total investment income** over \$3,400?☒ **No.** You may take the credit.☐ **Yes. Stop.** You **cannot** take the credit.

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Qualifying Children Smart Worksheet										
			Year of birth							
First name	MI	Social security number	Was the child under age 24 at the end of 2016, a student, and younger than you (or your spouse, if filing jointly)?		Was the child permanently and totally disabled during any part of 2016?		Lived with taxpayer in the U.S.			
Last name	Suff	Relationship								
jora	R	402-85-5776	2001							
yeye bile		Son	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
laedan	L	515-79-3759	2002						12	
yeye bile		Son	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		12	
fidelia	L	372-75-0315	2006							
yeye bile		Daughter	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		12	

Additional Information From 2016 Federal Tax Return**Form 1040X: Amended Tax Return****Dependent Information****Continuation Statement**

Dependent's first name	Dependent's last name	Dependent's SSN	Dependent's relationship to you	Qualifying Child for Child Tax Credit
blessing B	yeye bile	270-85-5444	Daughter	true
peyton R	yeye bile	784-97-5327	Son	true

SMART WORKSHEET FOR: Form 8965 Health Coverage Exemptions**Health Care Individual Responsibility Calculation****Continuation Statement**The letter represents the person's status for the month. **C**=Covered, **E**=Exemption, **S**=Short Gap,**B**=Before Birth, **D**=Deceased, **M**=Medicaid Gap, **G**=Hardship or HCTC eligible, and **X**=Penalty

Name	SSN	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
fidelia	372-75-0315	C	C	C	C	C	C	C	C	C	C	C	C
peyton	784-97-5327	C	C	C	C	C	C	C	C	C	C	C	C

SMART WORKSHEET FOR: Form 8965 Health Coverage Exemptions**Shared Responsibility Payment****Continuation Statement**

Name	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
fidelia												
peyton												

Federal Information Worksheet**Additional Dependents Statement****Continuation Statement**

First name Last name	MI Suff	Social security number Relationship	(mm/dd/yyyy)			(mm/dd/yyyy)	E I C	Lived with taxpyr in U.S.	Educ Tuitn and Fees	* D e p
			Age	C o d e	Not qual for child tax cr					
blessing yeye bile	B	270-85-5444 Daughter	07/03/2007 9	L			E	12		Yes
peyton yeye bile	R	784-97-5327 Son	08/02/2011 5	L			E	12		Yes

Healthcare Wks: Healthcare Entry Sheet**Covered Individuals****Continuation Statement**

				Short Gap Eligible* Yes No											
a. Name of covered individual(s)	b. SSN	c. DOB	Covered all 12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
blessing yeye bile	270-85-5444	07/03/07		Short gap: X	X	X	Yes	No	X	X	X	X	X	X	X
peyton yeye bile	784-97-5327	08/02/11		Short gap: X	X	X	Yes	No	X	X	X	X	X	X	X

File by Mail Instructions for your 2016 Maryland Amended Tax Return

Important: Your taxes are not finished until all required steps are completed.



juliette yeye bile & yeye bile
6906 Jarrett Ave
Oxon Hill, MD 20745

Balance Due/Refund	<p>Your Maryland state amended tax return shows you owe a balance due of \$368.00.</p> <p>You are paying by check.</p> <p>You can also pay your balance due by credit card. For more information, go to http://individuals.marylandtaxes.com/payment/creditcard.asp.</p>
What You Need to Mail	<p>Your amended tax return - Form 502X. Remember to sign and date the return.</p> <p>Your payment - Mail a check or money order for \$368.00, payable to "Comptroller of Maryland". Write your Social Security number and "2016 Form 502X" on the check. Mail the return and check together.</p> <p>Your payment voucher - This printout includes a payment voucher (Form IND PV). Mail this voucher with your payment, but do not staple or attach the voucher to the return.</p> <p>Be sure to attach wage and tax statements Forms W-2(s)/1099(s) that have Maryland withholding and any K-1(s) that have Maryland withholding or Maryland tax credits</p> <p>Mail your return, attachments, payment and payment voucher to: Comptroller of Maryland Revenue Administration Division Amended Return Unit 110 Carroll Street Annapolis, Maryland 21411-0001</p> <p>Don't forget correct postage on the envelope.</p>
What You Need to Keep	<p>Keep these instructions and a copy of your return for your records. If you did not print one before closing TurboTax, go back to the program and select File tab, then select the Print for Your Records category.</p>

File by Mail Instructions for your 2016 Maryland Amended Tax Return

Important: Your taxes are not finished until all required steps are completed.



juliette yeye bile & yeye bile
6906 Jarrett Ave
Oxon Hill, MD 20745

2016 Maryland Tax Return Summary	Adjusted Gross Income As Originally Filed	\$	44,889.00
	Adjusted Gross Income Corrected Amount	\$	46,445.00
	Taxable Income As Originally Filed	\$	18,489.00
	Taxable Income Corrected Amount	\$	20,045.00
	Total Tax As Originally Filed	\$	133.00
	Total Tax Corrected Amount	\$	525.00
	Total Payments/Credits As Originally Filed	\$	2,205.00
	Total Payments/Credits Corrected Amount	\$	2,229.00
	Balance Due	\$	368.00
Special Formatting	Your printed state tax forms may have special formatting on them, such as bar codes or other symbols. This is to enable fast processing. Don't worry, these forms have been approved by your taxing authority and are acceptable for printing and mailing.		
	When printing your return do not scale, fit, or shrink pages. Only print Actual Size.		

2016 Maryland Amended Tax Return Summary

Important: Your taxes are not finished until all required steps are completed.



juliette yeye bile & yeye bile
6906 Jarrett Ave
Oxon Hill, MD 20745

Balance Due/Refund	<p>Your Maryland state amended tax return shows you owe a balance due of \$368.00.</p> <p>You are paying by check.</p> <p>You can also pay your balance due by credit card. For more information, go to http://individuals.marylandtaxes.com/payment/creditcard.asp.</p>																											
2016 Maryland Tax Return Summary	<table><tr><td>Adjusted Gross Income As Originally Filed</td><td>\$</td><td>44,889.00</td></tr><tr><td>Adjusted Gross Income Corrected Amount</td><td>\$</td><td>46,445.00</td></tr><tr><td>Taxable Income As Originally Filed</td><td>\$</td><td>18,489.00</td></tr><tr><td>Taxable Income Corrected Amount</td><td>\$</td><td>20,045.00</td></tr><tr><td>Total Tax As Originally Filed</td><td>\$</td><td>133.00</td></tr><tr><td>Total Tax Corrected Amount</td><td>\$</td><td>525.00</td></tr><tr><td>Total Payments/Credits As Originally Filed</td><td>\$</td><td>2,205.00</td></tr><tr><td>Total Payments/Credits Corrected Amount</td><td>\$</td><td>2,229.00</td></tr><tr><td>Balance Due</td><td>\$</td><td>368.00</td></tr></table>	Adjusted Gross Income As Originally Filed	\$	44,889.00	Adjusted Gross Income Corrected Amount	\$	46,445.00	Taxable Income As Originally Filed	\$	18,489.00	Taxable Income Corrected Amount	\$	20,045.00	Total Tax As Originally Filed	\$	133.00	Total Tax Corrected Amount	\$	525.00	Total Payments/Credits As Originally Filed	\$	2,205.00	Total Payments/Credits Corrected Amount	\$	2,229.00	Balance Due	\$	368.00
Adjusted Gross Income As Originally Filed	\$	44,889.00																										
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Total Payments/Credits Corrected Amount	\$	2,229.00																										
Balance Due	\$	368.00																										
Forms Included	<p>Form 502X</p>																											



16502X013

OR FISCAL YEAR BEGINNING _____ 2016, ENDING _____

005674541 220770205
Your Social Security Number Spouse's Social Security Number

JULIETTE _____
Your First Name Initial

YEYE BILE
Your Last Name

YEYE _____
Spouse's First Name Initial

BILE
Spouse's Last Name

PRINCE GEORGE'S
Maryland County

TOWN OF FOREST HEI
City, Town or Taxing Area
Name of county and incorporated city, town or special taxing area in which you resided on the last day of the taxable period. (Baltimore City residents leave Maryland County line blank.)

6906 JARRETT AVE
Current Mailing Address Line 1 (Street No. and Street Name or PO Box)

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)

OXON HILL MD 20745
City or Town State ZIP Code

Check here if **you** are: Check here if **your spouse** is:
☐ 65 or over ☐ Blind ☐ 65 or over ☐ Blind

IF THIS IS BEING FILED TO CLAIM A NET OPERATING LOSS, CHECK THE APPROPRIATE BOX: ☐ CARRY BACK

☐ CARRY FORWARD

IMPORTANT NOTE: Read the instructions and complete page 3 first. Attach copies of the federal loss year return and Form 1045, Schedules A and B. See Instruction 15.

Is this address different from the address on your original return? ☐ YES ☒ NO

Check: ☒ Full-year resident ☐ Part-year resident or ☐ Nonresident (See Instruction 14.)

If part-year resident or nonresident, enter dates you resided in Maryland _____ - _____. Any changes from the original filing must be explained in Part III on page 4 of this form. **Submit copy of tax return filed with the other state.**

Did you request an extension of time to file the original return? ☐ YES ☒ NO

If yes, enter the date the return was filed _____

Is an amended federal return being filed? **If yes, submit copy.** ☐ YES ☒ NO

Has your original federal return been changed or corrected by the Internal Revenue Service? **If yes, submit copy of the IRS notice.** ☐ YES ☒ NO

CHANGE OF FILING STATUS

Original	Amended	
<input type="checkbox"/>	<input type="checkbox"/>	Single
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Married filing joint return or spouse had no income
<input type="checkbox"/>	<input type="checkbox"/>	Married filing separately _____ Spouse's Social Security No.

Original	Amended	
<input type="checkbox"/>	<input type="checkbox"/>	Head of household
<input type="checkbox"/>	<input type="checkbox"/>	Qualifying widow(er) with dependent child
<input type="checkbox"/>	<input type="checkbox"/>	Dependent taxpayer



LAST NAME JULIETTE YEYE BILE & YEYE BILE SSN 005674541

	A. As originally reported or as previously adjusted (See instructions.)	B. Net change - increase or (decrease) - explain on page 4.	C. Corrected amount.
1. Federal adjusted gross income	46089	1556	47645
2. Additions to income			
3. Total (Add lines 1 and 2.)	46089	1556	47645
4. Subtractions from income	1200	0	1200
5. Total Maryland adjusted gross income (Subtract line 4 from line 3.)	44889	1556	46445
6. CHECK ONLY ONE METHOD (See Instruction 5.)			
<input checked="" type="checkbox"/> STANDARD DEDUCTION METHOD			
Enter 15% (See Instruction 5 for limits.)			
<input type="checkbox"/> ITEMIZED DEDUCTION METHOD			
Enter total MD itemized deductions from Part II, on page 3.			
7. Net income (Subtract line 6 from line 5.)	40889	1556	42445
8. Exemption amount (See Instruction 5.)	22400	0	22400
9. Taxable net income (Subtract line 8 from line 7.)	18489	1556	20045
10. Maryland tax (from Tax Table or Computation Worksheet).10.	825	74	899
10a. Credits: Earned Income Credit.	619		
Poverty Level Credit			
Personal Credit.	0		
Business Credit.	X X X X X X X X X X		
Enter total credits.	783	-164	619
10b. Maryland tax after credits (Subtract line 10a from line 10.) If less than 0, enter 0	42	238	280
11. Local income tax (Use rate applicable for year of return.) Multiply line 9 by .0320 (See Instruction 7.).	592	49	641
11a. Local credits: Earned Income Credit.	396		
Poverty Level Credit.			
Personal Credit.			
Enter total credits.	501	-105	396
11b. Local tax after credits (Subtract line 11a from line 11.) If less than 0, enter 0.	91	154	245
12. Total Maryland and local income tax (Add lines 10b and 11b.).	133	392	525
13. Contribution:			
A.	B.		
C.	D.		
Enter total contributions (See Instruction 8.).			
14. Total Maryland income tax, local income tax and contribution (Add lines 12 and 13.)	133	392	525
15. Total Maryland tax withheld.	2205	24	2229
16. Estimated tax payments and payments made with Form 502E and Form MW506NRS.			
17. Refundable earned income credit	0	0	0
18. Nonresident tax paid by pass-through entities.			
19. Refundable income tax credits (Attach Form 502CR and/or 502S.)			
20. Total payments and credits (Add lines 15 through 19.)	2205	24	2229



16502X213

LAST NAME JULIETTE YEYE BILE & YEYE BILE SSN 005674541

21. Balance due (if line 14 is more than line 20)	21.	<u>0</u>
22. Overpayment (if line 14 is less than line 20)	22.	<u>1704</u>
23. Tax paid with original return, plus additional tax paid after it was filed (Do not include any interest or penalty.)	23.	<u> </u>
24. Prior overpayment (Total all refunds previously issued.)	24.	<u>2072</u>
25. REFUND (If line 21 is less than 23, subtract line 21 from 23.) (If line 24 is less than 22, subtract line 24 from 22.) (Add lines 22 and 23.) (See Instruction 10.) REFUND	25.	<u> </u>
26. BALANCE DUE (If line 21 is more than 23, subtract line 23 from 21.) (Add line 21 to 24.) (If line 22 is less than 24, subtract line 22 from 24.) (See Instruction 10.)	26.	<u>368</u>
27. Interest and/or penalty charges on tax due and/or from Form 502UP (See Instruction 11.)	27.	<u> </u>
28. TOTAL AMOUNT DUE (Add line 26 and line 27.) PAY IN FULL WITH THIS RETURN	28.	<u>368</u>

I. INCOME AND ADJUSTMENTS TO INCOME: You must complete the following using the amounts from your federal income tax return. If there are no changes to the amounts claimed on your original Maryland return, check here ☐ and complete Column A and line 17 of Column C.

	A. As originally reported or as previously adjusted	B. Net increase or (decrease).	C. Corrected amount.
INCOME AND ADJUSTMENTS INFORMATION (See Instruction 4.)			
1. Wages, salaries, tips, etc.	<u>46089</u>	<u>1556</u>	<u>47645</u>
2. Taxable interest income	<u> </u>	<u> </u>	<u> </u>
3. Dividend income	<u> </u>	<u> </u>	<u> </u>
4. Taxable refunds, credits or offsets of state and local income taxes	<u> </u>	<u> </u>	<u> </u>
5. Alimony received	<u> </u>	<u> </u>	<u> </u>
6. Business income or (loss)	<u> </u>	<u> </u>	<u> </u>
7. Capital gain or (loss)	<u> </u>	<u> </u>	<u> </u>
8. Other gains or (losses) (from federal Form 4797)	<u> </u>	<u> </u>	<u> </u>
9. Taxable amount of pensions, IRA distributions, and annuities	<u> </u>	<u> </u>	<u> </u>
10. Rents, royalties, partnerships, estates, trusts, etc. (Circle appropriate item.)	<u> </u>	<u> </u>	<u> </u>
11. Farm income or (loss)	<u> </u>	<u> </u>	<u> </u>
12. Unemployment compensation	<u> </u>	<u> </u>	<u> </u>
13. Taxable amount of Social Security and Tier 1 Railroad Retirement benefits	<u> </u>	<u> </u>	<u> </u>
14. Other income (including lottery or other gambling winnings)	<u> </u>	<u> </u>	<u> </u>
15. Total income (Add lines 1 through 14.)	<u>46089</u>	<u>1556</u>	<u>47645</u>
16. Total adjustments to income from federal return (IRA, alimony, etc.)	<u> </u>	<u> </u>	<u> </u>
17. Adjusted gross income (Subtract line 16 from 15.) (Enter on page 2, in each appropriate column of line 1.)	<u>46089</u>	<u>1556</u>	<u>47645</u>



LAST NAME JULIETTE YEYE BILE & YEYE BILE SSN 005674541

II. ITEMIZED DEDUCTIONS: If you itemized deductions on your Maryland return, you must complete the following. If there are no changes to the amounts claimed on your original Maryland return, check here ☐ and complete Column A and line 11 of Column C.

	A. As originally reported or as previously adjusted	B. Net increase or (decrease).	C. Corrected amount.
1. Medical and dental expenses	1. _____	_____	_____
2. Taxes	2. _____	_____	_____
3. Interest	3. _____	_____	_____
4. Contributions	4. _____	_____	_____
5. Casualty or theft losses	5. _____	_____	_____
6. Miscellaneous	6. _____	_____	_____
7. Enter total itemized deductions from federal Schedule A	7. _____	_____	_____
8. Enter state and local income taxes included on line 2 or from worksheet (See Instruction 4.)	8. _____	_____	_____
9. Net deductions (Subtract line 8 from line 7.)	9. _____	_____	_____
10. Less deductions during period of nonresident status (See Instructions 13 & 14.)	10. _____	_____	_____
11. Total Maryland deductions (Subtract line 10 from line 9.) (Enter on page 2, in each appropriate column of line 6.)	11. _____	_____	_____

III. EXPLANATION OF CHANGES TO INCOME, DEDUCTIONS AND CREDITS: Enter the line number from page 2 for each item you are changing and give the reason for each change. Attach any required supporting forms and schedules for items changed.

I receive my w2 late

Check here ☐ if you authorize your preparer to discuss this return with us.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Your signature

Date

Signature of preparer other than taxpayer

Spouse's signature

Date

Street address of preparer

Make checks payable and mail to:

**Comptroller of Maryland
Revenue Administration Division
110 Carroll Street
Annapolis, Maryland 21411-0001**

City, State, ZIP

Telephone number of preparer

**Write your Social Security number on your check in
blue or black ink.**

Preparer's PTIN (required by law)



165020013

OR FISCAL YEAR BEGINNING _____ 2016, ENDING _____

005674541 220770205
Your Social Security Number Spouse's Social Security Number

JULIETTE
Your First Name Initial

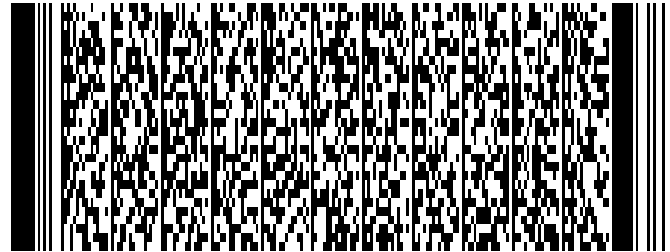
YEYE BILE
Your Last Name

YEYE
Spouse's First Name Initial

BILE
Spouse's Last Name

6906 JARRETT AVE
Current Mailing Address Line 1 (Street No. and Street Name or PO Box)

OXON HILL MD 20745
City or Town State ZIP Code



REQUIRED: Physical address as of December 31, 2016 or last day of the taxable year for fiscal year taxpayers.
See Instruction 6. Part-year residents see Instruction 26.

1728 TOWN OF FOREST HEIGHTS
4 Digit Political Subdivision Code (See Instruction 6) Maryland Political Subdivision (See Instruction 6)

6906 JARRETT AVE
Physical Street Address Line 1 (Street No. and Street Name) (No PO Box)

Physical Street Address Line 2 (Apt No., Suite No., Floor No.) (No PO Box)

OXON HILL MD 20745 PRINCE GEORGE'S
City State ZIP Code Maryland County

FILING STATUS

**CHECK ONE
BOX ▶**

See Instruction 1 if you are required to file.

1. ☐ Single (If you can be claimed on another person's tax return, use Filing Status 6.)
2. ☒ Married filing joint return or spouse had no income
3. ☐ Married filing separately, Spouse SSN ▶ _____
4. ☐ Head of household
5. ☐ Qualifying widow(er) with dependent child
6. ☐ Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 7.)

**PART-YEAR
RESIDENT**

See Instruction 26.

Dates of Maryland Residence (MM DD YYYY) FROM _____ TO _____

Other state of residence: _____

If you began or ended legal residence in Maryland in 2016 place a **P** in the box. ▶ ☐

MILITARY: If you or your spouse has **non-Maryland** military income, place an **M** in the box. ▶ ☐

Enter **Military Income** amount here: _____

EXEMPTIONS

See Instruction 10. Check appropriate box(es). **NOTE:** If you are claiming dependents, you must attach the Dependents' Information Form 502B to this form to receive the applicable exemption amount.

A. ☒ Yourself ☒ Spouse Enter number checked See Instruction 10 A. \$ 6400 .

B. ▶ ☐ 65 or over ▶ ☐ 65 or over

▶ ☐ Blind ▶ ☐ Blind Enter number checked X \$1,000. B. \$.

C. Enter number from line 3 of Dependent Form 502B See Instruction 10 C. \$ 16000 .

D. Enter Total Exemptions (Add A, B and C.) ▶ Total Amount D. \$ 22400 .



165020113

NAME JULIETTE YEYE BILE & YEYE BILE SSN 005674541

INCOME See Instruction 11.	1. Adjusted gross income from your federal return.	1.	47645
	1a. Wages, salaries and/or tips.	1a.	47645
	1b. Earned income.	1b.	47645
	1c. Capital Gain or (loss).	1c.	
	1d. Taxable Pension, IRA, Annuities (Attach Form 502R.)	1d.	
1e. Place a "Y" here in this box if the amount of your investment income is more than \$3,400. <input type="checkbox"/>			
ADDITIONS TO INCOME See Instruction 12.	2. Tax-exempt interest on state and local obligations (bonds) other than Maryland	2.	
	3. State retirement pickup.	3.	
	4. Lump sum distributions (from worksheet in Instruction 12.)	4.	
	5. Other additions (Enter code letter(s) from Instruction 12.) ▶	5.	
	6. Total additions to Maryland income (Add lines 2 through 5.)	6.	
	7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.)	7.	47645
	SUBTRACTIONS FROM INCOME See Instruction 13.	8. Taxable refunds, credits or offsets of state and local income taxes included in line 1	8.
9. Child and dependent care expenses		9.	
10. Pension exclusion from worksheet in Instruction 13		10.	
11. Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1		11.	
12. Income received during period of nonresidence (See Instruction 26.)		12.	
13. Subtractions from attached Form 502SU. ▶		13.	
14. Two-income subtraction from worksheet in Instruction 13.		14.	1200
15. Total subtractions from Maryland income (Add lines 8 through 14.)		15.	1200
16. Maryland adjusted gross income (Subtract line 15 from line 7.)		16.	46445
DEDUCTION METHOD See Instruction 16.		All taxpayers must select one method and check the appropriate box.	
	<input checked="" type="checkbox"/> STANDARD DEDUCTION METHOD (Enter amount on line 17.)		
	<input type="checkbox"/> ITEMIZED DEDUCTION METHOD (Complete lines 17a and 17b.)		
	17a. Total federal itemized deductions (from line 29, federal Schedule A) . ▶ 17a.		
	17b. State and local income taxes (See Instruction 14.) ▶ 17b.		
	Subtract line 17b from line 17a and enter amount on line 17.		
	17. Deduction amount (Part-year residents see Instruction 26 (l and m).)	17.	4000
	18. Net income (Subtract line 17 from line 16.)	18.	42445
	19. Exemption amount from Exemptions area (See Instruction 10.)	19.	22400
	20. Taxable net income (Subtract line 19 from line 18.)	20.	20045
MARYLAND TAX COMPUTATION	21. Maryland tax (from Tax Table or Computation Worksheet Schedules I or II)	21.	899
	22. Earned income credit (½ of federal earned income credit. See Instruction 18.)	22.	619
	23. Poverty level credit (See Instruction 18.)	23.	
	24. Other income tax credits for individuals from Part K, line 11 of Form 502CR (Attach Form 502CR.)	24.	0
	25. Business tax credits You must file this form electronically to claim business tax credits on Form 500CR.		
	26. Total credits (Add lines 22 through 25.)	26.	619
	27. Maryland tax after credits (Subtract line 26 from line 21.) If less than 0, enter 0.	27.	280
LOCAL TAX COMPUTATION	28. Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by your local tax rate .0 0320 or use the Local Tax Worksheet	28.	641
	29. Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.)	29.	396
	30. Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.)	30.	
	31. Local tax credit from Part L, line 1 of Form 502CR (Attach Form 502CR.)	31.	
	32. Total credits (Add lines 29 through 31.)	32.	396
	33. Local tax after credits (Subtract line 32 from line 28.) If less than 0, enter 0.	33.	245
	34. Total Maryland and local tax (Add lines 27 and 33.)	34.	525
	35. Contribution to Chesapeake Bay and Endangered Species Fund (See Instruction 20.)	35.	
	36. Contribution to Developmental Disabilities Services and Support Fund (See Instruction 20.)	36.	
	37. Contribution to Maryland Cancer Fund (See Instruction 20.)	37.	
38. Contribution to Fair Campaign Financing Fund (See Instruction 20.)	38.		



165020213

NAME JULIETTE YEYE BILE & YEYE BILE SSN 005674541

	39. Total Maryland income tax, local income tax and contributions (Add lines 34 through 38.) . 39.	<u>525</u>
	40. Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms if MD tax is withheld and attach.) ▶ 40.	<u>2229</u>
	41. 2016 estimated tax payments, amount applied from 2015 return, payment made with an extension request, and Form MW506NRS ▶ 41.	<u> </u>
	42. Refundable earned income credit (from worksheet in Instruction 21) ▶ 42.	<u> </u>
	43. Refundable income tax credits from Part M, line 6 of Form 502CR (Attach Form 502CR . See Instruction 21.) 43.	<u> </u>
	44. Total payments and credits (Add lines 40 through 43.) 44.	<u>2229</u>
	45. Balance due (If line 39 is more than line 44, subtract line 44 from line 39. See Instruction 22.) ▶ 45.	<u>0</u>
	46. Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.) ▶ 46.	<u>1704</u>
REFUND	47. Amount of overpayment TO BE APPLIED TO 2017 ESTIMATED TAX ▶ 47.	<u> </u>
	48. Amount of overpayment TO BE REFUNDED TO YOU (Subtract line 47 from line 46.) See line 51 REFUND ▶ 48.	<u>1704</u>
	49. Interest charges from Form 502UP <u> </u> or for late filing <u> </u> (See Instruction 22.) Total. ▶ 49.	<u> </u>
AMOUNT DUE	50. TOTAL AMOUNT DUE (Add lines 45 and 49.) IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM IND PV. 50.	<u> </u>

DIRECT DEPOSIT OF REFUND (See Instruction 22.) Be sure the account information is correct. **For Splitting Direct Deposit**, see Form 588. If this refund will go to an account outside of the United States, then to comply with banking rules, place a "Y" in this box ▶ ☐ and see Instruction 22. For the direct deposit option, complete the following information clearly and legibly.

51a.Type of account: ▶ ☒ Checking ☐ Savings

51b.Routing Number (9-digits) ▶ 054000030 **51c.** Account Number ▶ 5347941355

▶ 2024801499
Daytime telephone no. Home telephone no. CODE NUMBERS (3 digits per line)

Check here ☐ if you authorize your preparer to discuss this return with us. Check here ▶ ☐ if you authorize your paid preparer not to file electronically. Check here ▶ ☐ if you agree to receive your 1099G Income Tax Refund statement electronically. (See Instruction 24.)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

<u> </u> Your signature	<u> </u> Date	<u>SELF-PREPARED</u> Signature of preparer other than taxpayer
<u> </u> Spouse's signature	<u> </u> Date	<u> </u> Street address of preparer
		<u> </u> City, State, ZIP
		<u> </u> ▶ <u> </u> Telephone number of preparer Preparer's PTIN (required by law)

For returns filed without payments, mail your completed return to:

Comptroller of Maryland
Revenue Administration Division
110 Carroll Street
Annapolis, MD 21411-0001

For returns filed with payments, attach check or money order to Form IND PV. Make checks payable to Comptroller of Maryland. Do not attach Form IND PV or check/money order to Form 502. Place Form IND PV with attached check/ money order on top of Form 502 and mail to:

Comptroller of Maryland
Payment Processing
PO Box 8888
Annapolis, MD 21401-8888



16502B013

005674541

Your Social Security Number

220770205

Spouse's Social Security Number

JULIETTE

Your First Name

Initial

YEYE BILE

Your Last Name

YEYE

Spouse's First Name

Initial

BILE

Spouse's Last Name

Summary

1. Enter the total number checked below for Regular dependents (4) 1. 5
 2. Enter the total number checked below for dependents 65 or over (5) 2. 0
 3. Total dependent exemptions (Add lines 1 and 2 and enter the total here and on line (C) of the
 Exemptions area of Form 502, 505 or 515.) 3. 5

Dependents (If a dependent listed below is age 65 or over, please check both 4 and 5.)

1.	First Name JORA	Initial R	Last Name YEYE BILE				DEPENDENT 1
2.	Social Security Number 402855776	Relationship 3. SON	Regular 4. <u>X</u>	65 or over 5. <u> </u>			

1.	First Name LAEDAN	Initial L	Last Name YEYE BILE				DEPENDENT 2
2.	Social Security Number 515793759	Relationship 3. SON	Regular 4. <u>X</u>	65 or over 5. <u> </u>			

1.	First Name FIDELIA	Initial L	Last Name YEYE BILE				DEPENDENT 3
2.	Social Security Number 372750315	Relationship 3. DAUGHTER	Regular 4. <u>X</u>	65 or over 5. <u> </u>			

1.	First Name BLESSING	Initial B	Last Name YEYE BILE				DEPENDENT 4
2.	Social Security Number 270855444	Relationship 3. DAUGHTER	Regular 4. <u>X</u>	65 or over 5. <u> </u>			

1.	First Name PEYTON	Initial R	Last Name YEYE BILE				DEPENDENT 5
2.	Social Security Number 784975327	Relationship 3. SON	Regular 4. <u>X</u>	65 or over 5. <u> </u>			

1.	First Name 	Initial 	Last Name 				DEPENDENT 6
2.	Social Security Number 	Relationship 3. <u> </u>	Regular 4. <u> </u>	65 or over 5. <u> </u>			

Maryland Information Worksheet

2016

► Keep for your records

Part I — Personal Information

Taxpayer:

First Name juliette
 Middle Initial _____ Suffix _____
 Last Name yeye bile
 Social Security No. 005-67-4541

65/Over . . ☐ Blind . . ☐ Disabled . . ☐

Daytime Phone (202) 480-1499 * ☒
 Home Phone _____ * ☐

* Check these boxes to print daytime and/or home phone numbers on the government forms.

Spouse:

First Name yeye
 Middle Initial _____ Suffix _____
 Last Name bile
 Social Security No. 220-77-0205

65/Over . . ☐ Blind . . ☐ Disabled . . ☐

Daytime Phone _____ * ☐

Street Address 6906 Jarrett Ave Apt Number _____
 City or Town Oxon Hill
 State MD ZIP Code 20745
 Foreign Code _____ Foreign Country . _____ Foreign Zip Code . _____

Locality Information:

Maryland county (Baltimore City residents leave blank.) PRINCE GEORGE'S
 City, town or taxing area (If not listed, leave blank.) FOREST HEIGHTS
 Local tax rate 0.0320

If taxpayer and spouse taxing areas are different, check the '2 tax areas' box and enter the Maryland county for taxpayer and spouse. Enter BCITY if taxing area is Baltimore City.

☐ 2 tax areas
 Taxpayer _____
 Spouse _____

Physical address as of December 31, 2016 (Maryland residents and part-year residents only)

4 Digit Political Subdivision Code
1728
 Physical Street Address Line 1 (Street No. and Name) (No PO Box)
6906 Jarrett Ave
 Physical Street Address Line 2 (Apt. No., Ste No., etc.) (No PO Box)
 _____ City or Town Oxon Hill State MD ZIP Code 20745

Part II — Main Form

☒ Form 502: Resident Tax Return (Long form) ► _____
☐ Form 505: Nonresident Tax Return ► _____

1 a State of legal residence _____

Yes No

b ☐ ☐ Were you a resident of that state the entire year of 2016?
 c ☐ ☐ Did you file a Maryland income tax return for 2015?

Resident Nonresident

d If Yes, was it ☐ ☐
 e Dates of Maryland residence in 2016:
 from . . _____ to . . _____ Check if 'none' . . ☐

Yes No

f ☐ ☐ Are you or your spouse a member of the military?
 g If Pennsylvania resident, enter Pennsylvania city _____
 h If Pennsylvania resident, enter Pennsylvania county _____

☐ Form 502: Part-Year Resident Tax Return ► _____

2 a Other state of residence _____
 b Dates of Maryland residence from to
 c Number of months in residence Taxpayer. _____ Spouse . _____ Average _____
 d If you received pension income, number of months Taxpayer. _____ Spouse . _____

Part III – Filing Status

- ☐ 1 Single (if you can be claimed on another person's return, use filing status 6)
- ☒ 2 Married filing joint return or spouse had no income
- ☐ 3 Married filing separately. Spouse's social security number . . . _____
- ☐ 4 Head of household
- ☐ 5 Qualifying widow(er) with dependent child
- ☐ 6 Dependent taxpayer

Part IV – Other Information

- ☐ 1 At least two-thirds of gross income is derived from farming or fishing
- ☐ 2 You want the Maryland Revenue Administration Division to figure the underpayment penalty Form 502UP (see Tax Help for more information)
- Yes No**
- ☐ ☒ 3 Do you want to itemize even if itemized deductions are less than the standard deduction? *
- ☒ ☐ 4 Do you want to take the standard deduction even if less than itemized deductions? *
- * Answer "Yes" to only one of questions 3 and 4 above, not both. (See Tax Help for more information.)*
- 5 Enter tax liability from 2015 Form 502, line 34,
or Form 505, line 38. (Enter '0' if no tax was owed) 0.
- 6 Enter nonresident tax paid by pass-through entities from 2015
Form 505, line 46
- ☐ 8 You agree to receive your statement of refund (Form 1099-G) electronically (see Tax Help)

Part V – Decedent Information

Taxpayer date of death

Spouse date of death

Taxpayer Spouse

☐ ☐ If the taxpayer or spouse is deceased, you are acting
as a 'personal representative' for the deceased

Name/title of taxpayer's personal representative . . . _____

Name/title of spouse's personal representative . . . _____

Part VI – Military Information – Form 502

Taxpayer:

- Yes No**
- 1 a ☐ ☒ Active duty military?
- b If Maryland is your home of record and you were stationed overseas during the tax year, what is your:
- 1 Amount of military pay attributable to service outside the United States included in federal gross income
- 2 Total military pay received during the tax year
- Yes No**
- c ☐ ☒ In combat zone?
- d ☐ ☒ Killed in action?

Spouse:

- Yes No**
- 2 a ☐ ☒ Active duty military?
- b If Maryland is your home of record and you were stationed overseas during the tax year, what is your:
- 1 Amount of military pay attributable to service outside the United States included in federal gross income
- 2 Total military pay received during the tax year
- Yes No**
- c ☐ ☒ In combat zone?
- d ☐ ☒ Killed in action?

Yes No

☒ ☐ 1 Will federal PIN(s) be used?

2 Date return was prepared. _____

Part VIII – Direct Deposit Information or Electronic Funds Withdrawal

Yes No

☒ ☐ 1 Do you want Direct Deposit of state tax refund?

☒ ☐ 2 Do you want Direct Debit of state tax payment (Electronic Filing Only)?

If you selected either of the options above, fill out the information below:

3 Name of Financial Institution (optional) pnc

☒ 4 Checking account

☐ 5 Savings account

6 Routing number 054000030

7 Account number 5347941355

8 Payment date to withdraw from the account above. . . . _____

9 Balance due from return 368.

International ACH Transactions:

Yes No

☐ ☒ Will funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Part IX – Maryland Contributions

1 Contribution to Chesapeake Bay and Endangered Species Fund. _____

2 Contribution to Developmental Disabilities Services and Support Fund _____

3 Contribution to Maryland Cancer Fund _____

4 Contribution to Fair Campaign Financing Fund _____

Part XI – Extension Status

Yes No

☐ ☒ Has the tax return due date been extended for a six month extension?

Extended due date . . . _____

QuickZoom to Form 502E: Automatic Extension Payment for Personal Income Tax ► _____

Part X – Amended Return

Check the box for the type of amended return being filed:

☒ You are filing a Maryland amended return using Form 502X (See Tax Help for Form 502X)

☐ You are filing a Maryland amended return using Form 505X (See Tax Help for Form 505X)

Enter the tax year you are amending . . . 2016

Previous Maryland payment made . . . _____

Previous Maryland refund received . . . 2,072.

QuickZoom to Form 502X: Amended Tax Return ► _____

QuickZoom to Form 505X: Nonresident Amended Tax Return ► _____

QuickZoom to Form 502 ► _____

QuickZoom to Form 505 ► _____

Two-Income Married Couple Subtraction Worksheet

2016

► Keep for your records

Name as Shown on Return
juliette yeye bile & yeye bile

Social Security Number
005-67-4541

Part I – Income and Adjustments

	Total	Taxpayer Portion	Spouse Portion
1 Federal adjusted gross income	47,645.	25,633.	22,012.

Additions to Income

2 Tax-exempt interest on state/local obligations (not Maryland)			
3 State retirement pickup			
4 Lump-sum distributions			
5 Other			
6 Total (add lines 2 through 5)			

Subtractions from Income

7 Refunds of state/local income taxes			
8 Child and dependent care expenses			
9 Pension exclusion			
Taxable social security and tier I railroad retirement benefits in line 1 (spouse portion) . . .			
Taxable tier II railroad retirement benefits in line 1 (spouse portion)			
10 Total taxable social security/railroad benefits in line 1			
11 Total income received during nonresidence			
Interest and dividends from U.S. obligations . . .			
Capital gains from the sale or exchange of U.S. obligations			
Other interest not subject to Maryland tax			
Other (from Form 502SU, line 1 less line ab) . . .			
12 Other			
13 Total (add lines 7 through 12).			

Part II – Two-Income Married Couple Subtraction Worksheet

(Nonresidents: Make entry on Other Subtractions Worksheet – Nonresident, line w. Do not complete this worksheet.)	(a) You	(b) Spouse
1 Federal adjusted gross income from line 1 attributable to each spouse	25,633.	22,012.
2 Additions to income from line 6 attributable to each spouse		
3 Add lines 1 and 2	25,633.	22,012.
4 Subtractions from income from line 13 attributable to each spouse.		
5 Subtract line 4 from line 3.	25,633.	22,012.
6 Enter the smaller of line 5(a) or line 5(b), but not less than zero	6	22,012.
7 Enter \$1,200 or the amount on line 6, whichever is less Enter this amount on line 14 of Form 502.	7	1,200.

Minimum Filing Level Worksheet**2016**

► Keep for your records

Name as Shown on Return

juliette yeye bile & yeye bile

Social Security Number

005-67-4541

Income from Federal Return

1	Wages, salaries, tips, etc	1	47,645.
2	Taxable interest income	2	
3	Dividend income	3	
4	Taxable refunds, credits, or offsets of state and local income taxes	4	
5	Alimony received	5	
6	Business income	6	
7	Capital gain (including capital gain distributions)	7	
8	Other gains (from federal Form 4797)	8	
9	Taxable amount of IRA distributions	9	
10	Taxable amount of pensions and annuities	10	
11	Rents, royalties, partnerships, S corporations, estates, trusts, etc.	11	
12	Farm income	12	
13	Unemployment compensation	13	
14	Other income	14	
15	Total federal gross income (add lines 1 through 14)	15	47,645.

Maryland Additions to Income

16	Maryland additions to income (Form 502, line 6 less Additions Wks lines n & o)	16	
17	Total federal gross income and Maryland additions (add lines 15 and 16)	17	47,645.

Maryland Subtractions from Income

18	Maryland subtractions from income (dependents only) (Form 502, line 15)	18	
19	Maryland gross income (subtract line 18 from line 17)	19	47,645.

Determine if this Return Qualifies for Minimum Filing Level Rules

A	Minimum filing level for this return	A	20,700.
B	Maryland gross income for this return (from line 19)	B	47,645.
C	Check here if line B is less than line A	C	<input type="checkbox"/>

If line C is checked, this return qualifies for minimum filing level rules;
lines 17 through 21, 23 through 28, 30 through 34, 45, 47, 49 and 50 of Form 502 are not used.
Electronically filed returns have fewer uncompleted lines due to different rules.
For more information, refer to Help. Also see Maryland Form 502 Instruction 1.

Itemized Deduction Worksheet

2016

► Keep for your records

Name as Shown on Return	Social Security Number
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(To be used only by high-income taxpayers who were required to reduce their federal itemized deductions.)

1	Enter the amount from line 29 of federal Schedule A	1	\$ _____
2	Enter the total of lines 4, 14, and 20, plus any gambling and casualty or theft losses included in line 28 of federal Schedule A.	2	\$ _____
3	Federal itemized deductions that were limited (subtract line 2 from line 1)	3	\$ _____
4	Federal itemized deductions subject to limitation (enter the total of lines 9, 10, 11, 12, 13, 19, 27, and 28 less any gambling and casualty or theft losses included in line 28 of federal Schedule A	4	\$ _____
5	Divide line 3 by line 4	5	_____
6	Enter the amount of state and local income taxes from line 5 of federal Schedule A	6	\$ _____
7	Multiply line 5 by line 6. Enter this amount on line A of the Itemized Deduction Smart Worksheet for Form 502 or Form 505	7	\$ _____
Calculation for Special Depreciation Decoupling Adjustment			
8	Difference between federal itemized deductions calculated with and without regard to the provisions of the Job Creation and Worker Assistance Act, the Jobs and Growth Tax Relief Reconciliation Act, the American Jobs Creation Act, the Tax Increase Prevention and Reconciliation Act, the Small Business and Work Opportunity Tax Act, and the American Recovery and Reinvestment Act	8	\$ _____
9	Multiply line 5 by line 8. Enter this amount on line C of the Itemized Deduction Smart Worksheet for Form 502 or Form 505	9	\$ _____

Earned Income Credit, Poverty Level Credit and Refundable Earned Income Credit Worksheet (State)

2016

► Keep for your records

Name as Shown on Return <u>juliette yeye bile & yeye bile</u>	Social Security No. <u>005-67-4541</u>
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Part I – Earned Income Credit (part-year residents see instructions)

1 Maryland tax (from line 21 of Form 502)	1	899.
2 Federal earned income credit. <u>1,238.</u> times 50% (.50). Enter this amount here and on line 22 of Form 502.	2	619.
3 Subtract line 2 from line 1. If less than zero (0) enter zero (0)	3	280.

If line 3 is greater than zero (0), you may qualify for the Poverty Level Credit. Go to Part II.

If line 3 is zero (0), you may qualify for the Refundable Earned Income Credit. Go to Part III.

Part II – Poverty Level Credit

If you checked filing status 6 on your Maryland return, you are not eligible for this credit.

Poverty Income Guidelines

Number of Exemptions on Federal Return	Income Level	If you have more than 8 exemptions, add \$4,160 to the last income level for each additional exemption.	
1	\$ 11,880	Number of Federal Exemptions	Income Level
2	\$ 16,020		
3	\$ 20,160		
4	\$ 24,300		
5	\$ 28,440		
6	\$ 32,580		
7	\$ 36,730		
8	\$ 40,890	<u>7</u>	\$ <u>36,730.</u>

1 Enter the amount from line 7 of Form 502. If you checked filing status 3 (married filing separately) and you filed a joint federal return, enter your joint federal adjusted gross income plus any Maryland additions	1	47,645.
2 a Enter your distributive share of pass-through entity income	2 a	
b Enter the total of your salary, wages, tips and other employee compensation and net profit from self-employment here, and on line 1b of Form 502, if line line 1b is currently blank. (Do not include a farm or business loss.) Also include your distributive share of income from pass-through entities	b	47,645.
3 Find the number of exemptions in the chart that is the same as the number of exemptions entered on your federal tax return. Enter the income level that corresponds to the exemption number	3	36,730.
4 Enter the amount from line 1 or 2b, whichever is larger Compare lines 3 and 4. If line 4 is greater than or equal to line 3, stop here. You do not qualify for this credit. If line 3 is greater than line 4, continue to line 5.	4	47,645.
5 Multiply line 2b of Part II by 5% (.05). Enter that amount here and on line 23 of Form 502 (part-year residents or members of the military see instructions). This is your Poverty Level Credit	5	

Part III – Refundable Earned Income Credit

To claim this credit you must:

- have an entry on line 22 and line 29 of Form 502, and
- have entered zero on line 3 of Part I.

1	Enter your federal earned income credit . . . _____ times 26% (.26) (part-year residents see instructions)	1	
2	Enter your Maryland tax from Part I, line 1.	2	
3	Subtract line 2 from line 1. If less than zero (0) enter zero (0). This is your Refundable Earned Income Credit If line 3 is greater than zero, enter the amount on line 42 of Form 502.	3	

Local Tax Worksheet**2016**

► Keep for your records

Name as Shown on Return

juliette yeye bile & yeye bile

Social Security Number

005-67-4541

Taxpayer County PRINCE GEORGE'S*Enter Taxpayer County on Maryland Information Worksheet*

1	Enter the Maryland taxable net income from line 21	1	20,045.
2	Enter Maryland adjusted gross income (Form 502, line 16)	2	46,445.
3	Enter taxpayer portion (or total if tax areas are the same) of line 2	3	46,445.
4	Percentage of taxpayer income (or 100% if tax areas are the same) to total income (line 3 divided by line 2).	4	100.00 %
5	Maryland taxable net income attributed to taxpayer, or to both if tax areas are the same (line 1 times line 4).	5	20,045.
6	Local income tax rate	6	0.0320
7	Local income tax (multiply line 5 by line 6). Enter this amount on line 28 of Form 502	7	641.

Spouse County*Enter Spouse County on Maryland Information Worksheet*

8	Enter the Maryland taxable net income from line 21 of Form 502	8	
9	Enter Maryland adjusted gross income (Form 502, line 16)	9	
10	Enter spouse portion of line 9.	10	
11	Percentage of spouse income to total income (line 10 divided by line 9)	11	%
12	Maryland taxable net income attributed to spouse (line 8 times line 11)	12	
13	Local income tax rate	13	
14	Local income tax (multiply line 12 by line 13). Add the amount on line 7 to this amount and enter on line 28 of Form 502	14	

Local Earned Income Credit and Poverty Level Credit Worksheet

2016

► Keep for your records

Name as Shown on Return <u>juliette yeye bile & yeye bile</u>	Social Security No. <u>005-67-4541</u>
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Part I – Local Earned Income Credit (part-year residents see instructions)

Taxpayer

1	Federal earned income credit from your federal return	1	<u>1,238.</u>
2	Total earned income from your federal return	2	<u>47,645.</u>
3	Enter taxpayer's portion, or total if tax areas are the same, of line 2	3	<u>47,645.</u>
4	Percentage of total income attributable to taxpayer (line 3 divided by line 2)	4	<u>100.00 %</u>
5	Federal earned income credit attributed to taxpayer, or to both if tax areas are the same (line 1 multiplied by line 4)	5	<u>1,238.</u>
6	Local tax rate <u>0.0320</u> multiplied by 10	6	<u>0.320</u>
7	Multiply line 5 by line 6. Enter here and on line 29 of Form 502	7	<u>396.</u>

Spouse

8	Amount from line 1.	8	<u> </u>
9	Amount from line 2.	9	<u> </u>
10	Spouse's portion of line 9 (line 9 minus line 3)	10	<u> </u>
11	Percentage of total income attributable to spouse (line 10 divided by line 9)	11	<u> </u> %
12	Federal earned income credit attributed to spouse (line 8 multiplied by line 11)	12	<u> </u>
13	Local tax rate <u> </u> multiplied by 10	13	<u> </u>
14	Multiply line 12 by line 13. Enter here and on line 29 of Form 502.	14	<u> </u>

Part II – Local Poverty Level Credit (part-year residents see instructions)

Refer to Part II of the Earned Income Credit, Poverty Level Credit, and Refundable Earned Income Credit Worksheet (State). If the amount on line 3 is greater than the amount on line 4, you are eligible to claim the local poverty level credit. Complete Part II of this worksheet to calculate the amount of your credit.

Taxpayer

1 a	Enter taxpayer's distributive share of pass-through entity income, or total if tax areas are the same	1 a	<u> </u>
b	Enter taxpayer's salary, wages, tips and other employee compensation and net profit from self-employment, or total if tax areas are the same. (Do not include a farm or business loss.)	b	<u> </u>
c	Taxpayer's earned income, or total if tax areas are the same. (line 1a plus line 1b)	c	<u> </u>
2	Local tax rate.	2	<u> </u>
3	Multiply line 1c by line 2. Enter here and on line 30 of Form 502	3	<u> </u>

Spouse

4	Total earned income (line 2b of Part II of the Earned Income Credit, Poverty Level Credit, and Refundable Earned Income Credit Worksheet (State))	4	<u> </u>
5	Spouse's portion of line 4 (line 4 minus line 1c)	5	<u> </u>
6	Local tax rate.	6	<u> </u>
7	Multiply line 5 by line 6. Enter here and on line 30 of Form 502	7	<u> </u>

Tax Payments Worksheet

2016

► Keep for your records

Name juliette yeye bile & yeye bile	Social Security Number 005-67-4541
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Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment		
2	Second Payment		
3	Third Payment		
4	Fourth Payment		
Additional Payments			
5	Payment		
	Payment		
	Payment		
	Payment		
	Payment		
6	Overpayment from previous year applied to current year	6	
7	Amount paid with current year extension	7	
8	Total tax payments	8	

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	2,229.
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-G	b	
c	State withholding on Forms 1099-K	c	
d	State withholding on Forms 1099-INT, 1099-DIV and 1099-OID	d	
13	Other state tax withholding	13	
14	Total income tax withheld	14	2,229.
15	Date return will be filed and balance paid	15	

Name(s) Shown on Return

juliette yeye bile & yeye bile

Your Social Security Number

005-67-4541

Part I 2017 Estimated Tax Amount Options**1 Select One of Five Ways to Calculate the Required Annual Payment for 2017 Estimates:**

- a 110% (default) or ☐ 100% of **2016** taxes. ☒ 578.
- b 100% of tax on **2017** estimated taxable income ☐ 1,541.
- c 90% of tax on **2017** estimated taxable income ☐ 1,387.
- d Equal to 100% of overpayment (no vouchers) ☐ 1,704.
- e Enter total amount you want to use for estimates and check box ☐ ►

2 Selected estimated tax amount:

- a 2017 Required Annual Payment based on your choice above 578.
- b Estimated amount of 2017 state and local income tax withholding 2,229.
- c **Total of estimated tax payments required for 2017** (line 2a less line 2b) 0.

3 Select Estimated Tax Payment option:

- a Calculate estimates if \$501 or more (default) ☒
- b Calculate estimates if _____ (specify amount) or more ☐
- c Calculate estimates regardless of amount ☐
- d Do **not** calculate estimates ☐

Part II Overpayment Application Options

- 1 Amount of overpayment available 1,704.

2 Select Overpayment Application Amount Option:

- a Apply none (refund entire overpayment) ☒
- b Apply all (increase estimate if required) ☐
- c Apply to extent of total estimated tax and refund excess ☐
- d Apply to extent of first quarter amount and refund excess ☐
- e Enter amount you want to apply ☐ ►
- f Amount applied to 2017 estimated tax 0.
- g Overpayment to be refunded (line 1 less line 2f) 1,704.

3 Select Overpayment Application Sequence:

- a ☒ ◀ Consecutively b ☐ ◀ Evenly

Part III Rounding and Printing Options**1 Select Rounding Option:**

- a ☒ ◀ Round up to next \$1 b ☐ ◀ Round up to next \$10 c ☐ ◀ Round up to next \$100 d ☐ ◀ Round to nearest \$1

2 Select Voucher Printing Option:

- a ☒ ◀ Print (per Part I, lines 3a - c) b ☐ ◀ Print only name, etc. c ☐ ◀ Do **not** print vouchers

Part IV Estimated Tax Payment Summary

	1 Apr 18, 2017	2 Jun 15, 2017	3 Sep 15, 2017	4 Jan 16, 2018	Total
1 If you have already made payments, enter amounts					
2 Indicate which payment is due next. (e.g. if it is now April 25, 2017, check col. 2) . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 Required Payment					
4 Overpayment applied					
5 Net payment due					
6 Voucher amounts					

Part V Changes to Income, Deductions and Withholding for 2017

2016 income and deductions are shown in the '2016 Actual' column below.

***Caution:** For each line in the '2017 Estimated' column, enter the estimated 2017 amount **if different** from 2016. Otherwise, the '2016 Actual' amount will be used for that line. If zero, you **must** enter zero.

	2016 Actual	2017 Estimated
1 Total income expected in 2017 (federal adjusted gross income) . . .	47,645.	
2 Net modifications	-1,200.	
3 2017 estimated itemized deductions less state and local income taxes		
4 Your 2017 filing status (check one):		
Single	<input type="checkbox"/>	<input type="checkbox"/>
Married filing joint	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Married filing separately	<input type="checkbox"/>	<input type="checkbox"/>
Head of household	<input type="checkbox"/>	<input type="checkbox"/>
Qualifying widow(er)	<input type="checkbox"/>	<input type="checkbox"/>
Dependent taxpayer	<input type="checkbox"/>	<input type="checkbox"/>
5 Number of dependents including taxpayer and spouse	7	
6 Number of blind and elderly exemptions for taxpayer and spouse . .	0	
7 Number of dependents other than taxpayer or spouse who are age 65 or over		
8 Maryland income tax to be withheld from wages during 2017	2,229.	
9 Personal income tax credits	0.	
10 Business tax credits		
11 Nonresidents only: Taxable net income (Form 505NR, line 13) . . .		

Part VI 2017 Estimated Taxable Income and Tax

1 Total income expected in 2017 (federal adjusted gross income)	1	47,645.
2 Net modifications	2	-1,200.
3 Maryland adjusted gross income (line 1 plus or minus line 2)	3	46,445.
Maryland income factor (part-year residents) or adjusted gross income factor (nonresidents)		
4 Deductions:		
a 2017 estimated itemized deductions less state and local income taxes	4 a	
b Your 2017 filing status (check one):		
1 <input type="checkbox"/> Single (if you can be claimed on another person's tax return, use filing status 6)		
2 <input checked="" type="checkbox"/> Married filing joint return or spouse had no income		
3 <input type="checkbox"/> Married filing separately		
4 <input type="checkbox"/> Head of household		
5 <input type="checkbox"/> Qualifying widow(er) with dependent child		
6 <input type="checkbox"/> Dependent taxpayer		
► Greater of itemized deductions or standard deduction	4	4,000.
5 Maryland net income (subtract line 4 from line 3)	5	42,445.
6 Personal exemptions:	6	
a Number of dependents including taxpayer and spouse	6 a	7
b Number of blind and elderly exemptions for taxpayer and spouse	b	0
c Number of dependents other than taxpayer or spouse who are age 65 or over	c	
► Total exemptions		22,400.
7 a Taxable net income (subtract line 6 from line 5)	7 a	20,045.
b Nonresidents only: Taxable net income (Form 505NR, line 13)	b	
c Maryland nonresident factor (divide line 7b by line 7a)	c	
8 Maryland income tax	8	900.
9 Personal and business income tax credits	9	0.
10 Subtract line 9 from line 8 (if less than 0 enter 0)	10	900.
11 Local income tax or special nonresident income tax: multiply line 7a (residents and part-year residents) or line 7b (nonresidents) by 0.0320	11	641.
12 Total 2017 Maryland and local income tax (add line 10 and line 11)	12	1,541.

Section 179 Worksheet

2016

Name as Shown on Return <u>juliette yeye bile & yeye bile</u>	Social Security Number <u>005-67-4541</u>
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Section 179 Limitation

This worksheet calculates the allowable state Section 179 deduction. If the deduction is limited then the allowable Section 179 (Line 7) must be allocated back to the individual activities using the State Allowed columns below. The Section 179 amounts for Schedules C, E, F, K-1 Partnership, K-1 S Corporation, and Form 4835 are on the Activity Worksheet(s).

1 Federal taxable income computed for the Section 179 limitation	1	
State adjustments:		
2 Depreciation adjustment (without Section 179)	2	
3 Section 1231 gain adjustment	3	
4 Other additions or subtractions to taxable income	4	
5 State taxable income for the Section 179 limitation (line 1 plus lines 2 - 4)	5	
6 Total Section 179 before limitation	6	
7 Section 179 allowable, if different	7	
8 Federal Section 179 allowed	8	
9 State Section 179 adjustment	9	
10 Carryover to next year	10	

QuickZoom to Activity Worksheet ➔

Form 2106	P/Y Copy #	(A) Fed Total Section 179 Before Limitation	(B) Federal Net Section 179 After Limitation	(C) State Current Year Expense	(D) State Carryover From Prior Year	(E) State Total Section 179 Before Limitation

Form 2106 Section 179 Carryovers	(F) State Total Section 179 Before Limitation	(G) State Section 179 Allowed	(H) Carryover

Total Form 2106 Section 179 Adjustment (Column B minus Column G)

Schedule A

(A) Federal Total Section 179 Before Limitation	(B) Federal Net Section 179 After Limitation	(C) State Current Year Expense	(C) State Carryover From Prior Year	(D) State Total Section 179 Before Limitation	(E) State Section 179 Allowed	(F) State Section 179 Carryover To Next Year

Total Schedule A Section 179 Adjustment (Column B minus Column E)

Tax Summary
► Keep for your records

2016

Name(s)	
juliette yeye bile & yeye bile	
Federal adjusted gross income	47,645.
Additions to income	
Subtractions from income	1,200.
Maryland adjusted gross income	46,445.
Itemized or standard deduction	4,000.
Exemption amount	22,400.
Taxable net income	20,045.
State income tax	899.
Total state credits	619.
State income tax after credits	280.
Local income tax	641.
Total local credits	396.
Local income tax after credits	245.
Total tax liability	525.
Contributions	
Withholding, payments, credits	2,229.
Balance due before any penalty/interest applied	368.
Interest charges	
Balance due	368.
Refund to you	

Smart Worksheets From 2016 Maryland Tax Return

SMART WORKSHEET FOR: Form 502X: Amended Return

Filing Address Smart Worksheet

Send Form 502X to: Comptroller of Maryland
Revenue Administration Division
Amended Return Unit
110 Carroll Street
Annapolis, MD 21411-0001